

Dial-A-Bus User Registration Form

All information will be treated as confidential

Surname _____ (Mr/Mrs/Miss)

First Name _____

Address _____

Telephone Number _____

Date of Birth _____

I have a Bus Pass issued by the Breckland District Council

My Number is: _____ Expiry Date _____

I would like to apply for membership of DIAL-A-BUS on the following grounds (Please tick all relevant boxes):-

- I am elderly and unable to use public transport
- I am registered blind or partially sighted
- I am confined to a wheelchair
- I can transfer out of my wheelchair, once on the bus
- I can use a walking aid, please describe _____
- I suffer from a disability which prevents me from using public transport. My disability is:

Signature _____

Date _____

Could you please give us a name and contact telephone number in case of an emergency:

Name: _____

Telephone Number: _____

PLEASE RETURN COMPLETED FORM TO:

**Swaffham Transport Project
Swaffham Community Centre
The Campingland
Swaffham
PE37 7RB**