

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other
First Name	
Surname	
Address	
Post Code	
Tel Number	
Mobile Number	
E-mail	
Date of Birth	
If you hold a bus pass for concessionary fares, please provide details below	
Bus Pass Number	
Bus Pass Expiry Date	/ / 20

Gender: Male Female

Ethnic Origin:

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or Black British |
| <input type="checkbox"/> Asian or Asian British | <input type="checkbox"/> Chinese Other Ethnic Group |
| <input type="checkbox"/> Mixed | |

Registration Prices

All users of the service are required to register, ABILITY will offer a Free of charge registration scheme for all residents

For those residents who need further support we offer we offer our "PLUS" registration, an upgrade which provides pickups from home or local agreed pick up points and assistance on and off the bus and with shopping.

- | | |
|--|--|
| <input type="checkbox"/> Single Silver £24 | <input type="checkbox"/> Joint Silver £36 |
| <input type="checkbox"/> Single Gold £36 | <input type="checkbox"/> Joint Gold £48 |
| <input type="checkbox"/> *Base Registration – Free | |
| *Booking Fee applies | |

Payment methods

I enclose a cheque for £ _____ payable to: "ABILITY Northants cic"

ABILITY Northants cic, 15 Whitegates, Northampton NN4 9XA

With you for your journey

Acceptance of service:

- ✓ *I understand that while every effort will be made to provide me with transport as requested, there may be occasions when the service is limited or unavailable.*
- ✓ *I acknowledge that fares can only be accepted in cash and that payment will be made to the driver on commencement of the journey or in advance.*
- ✓ *I will comply with the conditions of carriage as amended from time to time*
- ✓ *I declare that the information given on this form is correct.*
- ✓ *Although this information is private and confidential, I give my permission for ABILITY (Northants) cic to use any appropriate information in the case of an emergency and when necessary to pass on any relevant information to the driver or statutory authorities*

To comply with the Data Protection Act (1998) we must ask for your permission to store and process your personal and sensitive information for this purpose.

- ✓ *I give my consent to ABILITY Northants cic to record my personal information. Please note we cannot process your registration without your permission.*
- ✓ *I confirm that I have read and retained the enclosed terms and conditions.*

Name:	
Signature:	Date:

If signing on behalf of another person, please specify your name and relationship:

Your Name Relationship

When travelling will you be using any of the following? (Please tick box):

- Wheelchair
 Sticks/crutches
 Walking frame
 rigid shopping trolley

- Do you travel in your wheelchair / Mobility scooter?
 Yes No
 Is your wheelchair:
 Manual Electric
 Is the wheelchair or Scooter Collapsible?
 Yes No
(n.b. On occasions a separate wheelchair assessment may be required)

- Are you able to access a minibus via the three steps?
 Yes No
 Would you require lift to access a minibus?
 Yes No
 Are you the holder of a disabled parking badge?
 Yes No
 Will you be using a carer/assistant to accompany you?
 Yes No
 Do you need any additional assistance from the driver?
 Yes No
 Do you live alone?
 Yes No
 Do you live in sheltered housing?
 Yes No

Emergency Contact	Name Contact No. Relationship to you
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