

Passenger Application Form

Please complete this form and return it to the address shown below enclosing the subscription fee of £21.00 for 12 months or £11.00 for 6 months.

Cheques should be made payable to Wyre Forest Dial-A-Ride or via BACS: Sort Code 40-26-08 Account 71588036.

You can also call the office and pay by card over the phone.

Your personal data will be kept on file and used solely for the purpose of Wyre Forest Dial-A-Ride, t/a Wyre Forest Community Transport. We will not pass your data on to any third party and you can request for it to be removed from our lists at any time by contacting us in writing or sending an email to admin@ctwyre.org.uk.

Under the General Data Protection Regulation (GDPR) you have the right to access your personal data held by us and to correct any inaccuracies in that information. Signing this form is your acceptance of this.

Title:	First Name:	Surname:		Tel/I	Mobile No:
Address	5:				
Post Co	de:	Email address:			
Date of	birth:				
Person	to contact in case o	f emergency:			
Tel/Mo	bile No:				
Is there	any medical reasor	n we need to be aware of that could affect y	ou tra	vellir	ng with us?
•		scooter?ay be required before you can travel	Yes	No	(Please circle which is applicable)
Do you	require a tail-lift to	get into the minibus?	Yes	No	
Can you	ı climb small steps?		Yes	No	
Do you	need someone to g	o with you as an escort?	Yes	No	
If you	<i>pay tax</i> , we can d	laim Gift Aid, sign below to agree	Yes	No	
Do you	hold a Concessiona	ry Bus Pass?	Yes	No	
Bus Pas	s number:	Expiry Date:			
Signed:		Date:			