

# Ivybridge & District Community Transport Association

## Registration Form

Last Name .....

Forename.....

Address.....

Town.....

Parish.....

Post Code .....

Tel ..... Date of Birth.....

Mobile..... e-mail: .....

Are you Registered Disabled? \_\_\_\_\_ Yes/No

Do you require an escort? \_\_\_\_\_ Yes/No

Do you have any health problems? \_\_\_\_\_ Yes/No

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Do you use a wheelchair or walking aids? Yes/No

Wheelchair user \_\_\_\_\_ Yes/No, Tail lift user \_\_\_\_\_ Yes/No,

Shopping Trolley \_\_\_\_\_ Yes/No, Stroller \_\_\_\_\_ Yes/No,

Seating Requirement (please circle): Mobile / Mobile + Frame

Folding Wheelchair / Powered Wheelchair / Guide Dog

Next Of Kin: .....

Contact phone number (next of kin or friend).....

Any other information:.....

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How did you hear about the Association? .....

**Signed** ..... **Date** .....

Please return this form to Ivybridge & District Community Transport Association  
Unit 15, The Watermark, Leonards Road, Ivybridge PL21 0SZ Tel 01752 690444  
You can alternatively email it to [idcta@btconnect.com](mailto:idcta@btconnect.com)