

Ivybridge and District Community Transport Association (IDCTA)

Client Membership Application Form

Please return completed form to IDCTA at Unit 15 The Watermark, Leonards Road, Ivybridge PL21 0SZ

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|---|----------|--|----------|
| Title | | Date of Birth | |
| First name | | Surname | |
| Address | | Town | |
| Post Code | | Email Address | |
| Home Phone Number | | Mobile Phone Number | |
| Are you Registered Disabled | Yes / No | Do you have any health problems | Yes / No |
| Are you a Blue Badge Holder | Yes / No | Will you need to bring a carer with you? | Yes / No |
| Name of Surgery & Phone number | | Address of surgery | |
| Next of Kin or Emergency Contact | | Phone number of next of Kin or Contact | |
| Would you need to take any of the following mobility aids on journeys? Please line through those that do not apply | | | |
| Folding wheelchair | Yes / No | Rigid manual wheelchair | Yes / No |
| Powered Wheelchair | Yes / No | Shopping Trolley | Yes / No |
| Walking Frame | Yes / No | Stroller | Yes / No |
| Walking Sticks | Yes / No | Crutches | Yes / No |
| Guide Dog | Yes / No | Would you need the tail lift to access the bus | Yes / No |
| Any other information | | | |
| How did you hear about the Association? | | | |
| I agree to Ivybridge & District Community Transport Association holding the above information on a secure computer system for the purposes of booking journeys and informing me of trips and events being organised for the benefit of Association Members. Information will be retained for the period of your membership and updated every three years | | | |
| Signed | | Dated | |