

Flexibus



Individual Membership Form

- This form is available, on request, in a range of alternative formats.
- If you require help completing this form, please telephone on 046 9074830

PERSONAL DETAILS

Please complete in **BLOCK CAPITALS** and answer **ALL** questions.
Please tick the appropriate boxes, where indicated to do so.

TITLE: MR MRS MISS MS OTHER

FORENAME:

SURNAME:

ADDRESS:

FREE TRAVEL PASS NUMBER:

DATE OF BIRTH:

POST CODE:

TELEPHONE NO:

MOBILE NO:

EMAIL ADDRESS:

ELIGIBLE MEMBERSHIP CRITERIA
This section is to confirm that you are eligible to use
Flexibus Service
PLEASE ENSURE THAT BOTH OF THE FOLLOWING
APPLY TO YOU.

1. I live in a rural area;
- OR
2. I have difficulty accessing everyday services due to lack of public transport.

EMERGENCY CONTACT DETAILS

This section is optional but it would help us if you nominated a relative, friend or neighbour who could be contacted on your behalf in the event of an emergency.

NAME:

RELATIONSHIP TO YOU:

TELEPHONE NO:

MOBILE NO:

TELL US ABOUT YOURSELF

This section is being used so that we can tell the driver of your Flexibus service what additional assistance you may require.

PLEASE TICK THE BOXES BELOW WHICH APPLY TO YOU. (OTHERWISE LEAVE BLANK)

- 1a. I use a wheelchair; My wheelchair is a:
- 1b. Power chair Manual chair
- 1c. I can transfer from my wheelchair to a seat
- 1d. I require assistance to transfer from my wheelchair to a seat
2. I require assistance getting from my home to the vehicle

Flexibus - Meath Accessible Transport Project Ltd, Navan Enterprise Centre

- 3a. I have a medical certificate exempting me from wearing a seatbelt
- 3b. I enclose a photocopy of my certificate
- 4a. I require an **essential** companion(s) to travel with me.
If you have ticked the above question, please state why and how many:
(max 2)
- 4b. I have dependants who may travel with me; i.e. I am personally responsible for the care of a child, elderly person or a person with a disability.
If you have ticked the above question, please state how many:
5. I have an assistance dog.
6. I have a learning difficulty
7. I have a hearing difficulty
8. I have a visual impairment
9. I have a speech impediment

EQUALITY INFORMATION
This information is required for equality monitoring and statistical purposes only.
As a result we are asking you to answer the following questions.
However you do not have to answer them.

1. Gender:
- Male Female
2. Marital status:
- Single Separated
- Married Divorced
- Widowed

3. Dependants? (i.e. I have personal responsibility for the care of a child/elderly person/person with an incapacitating disability)

Yes

No

DATA PROTECTION STATEMENT

The information that you have given on this form is covered by the DATA PROTECTION ACT 1998. You have the right to see the data that is held about you. The information may be shared with others involved with providing this transport service. If you don't want us to share the information, please tick here

DECLARATION

I confirm that the information I have given is correct and that I am responsible for ensuring that Flexibus is kept informed of any relevant changes in my personal health or circumstances.

I understand that if you do not sign this form and consent to the data protection statement above, Rural Lift will be unable to process your application.

Signed:

Date:

If you are signing on behalf of the applicant, please print your name and relationship to them: e.g. Friend/Relative

WHAT DO I DO NOW?

Please ensure that you have completed, signed and dated your form.

Please detail below any further relevant information which you feel we may need to know with regards your travel needs:

Meath Accessible Transport Project Ltd
Unit 30 – 32 Navan Enterprise Centre,
Trim Road,
Navan,
Co. Meath
Ph: 046 9074830
FAX: 046 9074918
Text: 086 -6027009 EMAIL: meathtransport@eircom.net