

Shire Community Services Ltd
1-3 Orient Way
Wellingborough
NN8 1AF
Telephone No. 01933 223636

REGISTRATION FOR THE RUSHDEN & HIGHAM WELLIBUS SERVICE

To register for the first time, please complete all sections of the form below.

MEMBERSHIP NUMBER: _____ (Office use only)

Bus Pass Number: _____ **Expiry Date:** _____

Mr./Mrs./Miss/Ms.: _____ **First Name:** _____ **Last Name:** _____

Address: _____

Postcode: _____ **Telephone Number:** _____

Email: _____

Date of Birth: _____

Emergency Contact: (Please give details of someone to contact in an emergency)

Name: _____ **Telephone:** _____

Relationship to you: _____

Your doctor: (Please give name, surgery address and telephone number of your GP)

Name: _____ **Address:** _____

Telephone No. _____

Membership Fee: (£30.00 for the year) Please sign and return the form together with your payment to the above address.

PREFERRED PAYMENT IS BY CARD OVER THE PHONE (01933 223636)

HOWEVER, WE ARE HAPPY TO ACCEPT A CHEQUE OR CASH
CHEQUES TO BE MADE PAYABLE TO: SHIRE COMMUNITY SERVICES LTD.



Shire Community Services Ltd Charity No.1113854 Company No. 5743952



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PLEASE ENSURE YOU FILL IN ALL SECTIONS OF THE FORM

Do you need to travel with a mobility aid? Yes/No If yes please tell us what that is:

Do you have a guide dog? Yes/No

Do you need to bring someone with you? Yes/No

In order that we can assist you better, please let us know of anything else that you think we should know about: (any disability, medication, oxygen etc.)

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SIGNATURE..... DATE.....

We would like to know how you heard about us?

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Please tell us about your preferred destinations for shopping, excursion trips and any groups (Over 60's / other social or wellbeing groups) which you would like transport to:

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Data Protection Declaration

I have read and accept the statement attached regarding data protection and agree to my data being held securely by Shire Community Services.

SIGNATURE: DATE:

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