

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

REGISTRATION FOR THE RUSHDEN & HIGHAM WELLBEING 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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