

Membership Application Form



dial a journey

+central shopmobility

About you

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other
Full name	<input type="text"/>				
Address	<input type="text"/>				
Postcode	<input type="text"/>				
Telephone	<input type="text"/>				
Date of birth	<input type="text"/>				

Please give details of someone we can contact in an emergency

Name & address	<input type="text"/>	
Telephone	<input type="text"/>	
Relationship to you	<input type="text"/>	

Please select the services you require

<input type="checkbox"/> Dial-a-Journey Transport Services	<input type="checkbox"/> Central Shopmobility	<input type="checkbox"/> Both
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Please complete the following information to help us ensure a safe and comfortable experience

What is the nature of your impairment?

Is this impairment: Temporary Permanent

For Dial-a-Journey customers

Applicants must be unable to use conventional bus services due to a significant mobility impairment.

Services you wish to use (Tick both if applicable):

Local authority, door-to-door transport services	<input type="checkbox"/>
Other transport services provided by DAJ	<input type="checkbox"/>

Are you likely to use any of the following mobility aids?

Manual Wheelchair	<input type="checkbox"/>	Walking Frame	<input type="checkbox"/>
Electric Wheelchair	<input type="checkbox"/>	Guide Dog	<input type="checkbox"/>

Do you have ramped access to your home (if not, please let us know how many steps from your home to ground level (max 3)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	No. of Steps	<input type="text"/>
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Are you able to travel without assistance? Yes No

If you hold a national concession scheme card - are you eligible to be accompanied by an assistant (Does your card have C+1 on the front)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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On joining the Dial-a-Journey scheme, a member of staff may visit you to familiarise you with the scheme. If you **do not** require a visit, please tick

For Central Shopmobility customers

Approximate weight (It is necessary to ask this question in order that our staff can give you a chair that suits needs. Please tick).

15 - 18 stones	<input type="checkbox"/>	Over 22 stones	<input type="checkbox"/>
18 - 22 stones	<input type="checkbox"/>		

What type of equipment do you usually use?

Manual	<input type="checkbox"/>	3 Wheel Scooter	<input type="checkbox"/>
4 Wheel Power Chair	<input type="checkbox"/>	4 Wheel Scooter	<input type="checkbox"/>

Are you trained in the operation of the following?

Manual	<input type="checkbox"/>	3 Wheel Scooter	<input type="checkbox"/>
4 Wheel Power Chair	<input type="checkbox"/>	4 Wheel Scooter	<input type="checkbox"/>

Please read the information overleaf and remember to sign the completed form.
Please return to the address shown

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Declaration



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Data Protection Act 1998

Order of Malta Dial-a-Journey Ltd are registered as Data Controller with the Information Commissioner Office, for the purpose of compliance with the legal requirement of the Data Protection Act 1998.

What we do with this information

Order of Malta Dial-a-Journey use the information provided in this application form for the purposes of delivering Dial-a-Journey and local authority funded services.

Information may be shared with the local authority in whose area you reside for the purposes of research, planning, delivering and monitoring these services.

This information will not be shared/sold to any other party.

Office use only:

Date received:

DAJ membership No:

Shopmobility membership No:

Registered by:

Council coding:

Type of ID shown:

I wish to apply for membership of Dial-a-Journey / Central Shopmobility and have a mobility impairment that, for Dial-a-Journey users, prevents me from using conventional public transport services.

I confirm that:

I do not have any condition that impairs my ability to safely operate powered equipment (such as a 3 or 4 wheeled scooter or power chair), lent or hired to me

I promise to immediately inform Central Shopmobility if I become aware of any change in my condition that impairs my ability to safely operate powered equipment

I agree to undertake an assessment or re-assessment of my ability to safely operate powered equipment when requested by a member of Central Shopmobility staff

I undertake full responsibility for the equipment whilst in my care and in particular will ensure that:

1. The equipment will be used with care and consideration
2. The registered user will be the only user of the equipment
3. The equipment will be returned to the Shopmobility Office 15 minutes prior to close of business

I have been given a copy of "Get Wise" the BHTA Highway code for electric scooter and wheelchair users

I will inform Central Shopmobility immediately of any accidents or incidents when I am in possession of the equipment

I will inform Central Shopmobility of any defect or damage to the equipment arising when I am in possession of the equipment. I accept that where damage to equipment can be attributed to misuse/abuse, the cost of repair may be recovered from myself

I agree to abide by the rules of the scheme as published and will not any other person use my membership.

I understand that membership is renewable annually and may require completion of revised membership forms.

Signed

Date

**Please return completed and signed form to:
Dial-a-Journey, 17 Munro Road, STIRLING FK7 7UU**