



Test Valley Connect Registration Form

Who is eligible to register for a Connect service?

The service is available to anyone who:

- finds it difficult to use or access public bus services or
- lives more than 400 metres from an available bus service/stop or
- has no access to a car and there is no bus service when they need to travel

If you meet the eligibility requirement, and would like to register, please complete this form and return it to: **UNITY, Bus Station, West Street, ANDOVER, Hampshire, SP10 1QP**
Telephone 01264 356808

Name:	
Address:	
	Post Code:
Tel No:	Date of Birth:
Email:	

1. Please indicate which of the following eligibility criteria apply (more than one can be ticked if appropriate):

I have a mobility or sensory difficulty that causes me discomfort in using a public bus		I do not have a car and there is no bus service running when I need to travel	
I live more than 400m from a bus stop/service			

2. Please indicate which of the following apply (more than one can be ticked if appropriate):

I use a manual wheelchair		I use an electric scooter	
I use an electric wheelchair		I use a shopping trolley	
I use a walking aid		I have a mental health condition	
I am visually impaired		I have difficulty getting on the public bus	

Please note that by law only wheelchairs certified as safe to travel can be transported. Please call us for more information and to check your wheelchair. This does not apply to manual wheelchairs where users can transfer to a seat - it is always safer to transfer to a fixed seat for travelling.

If you travel with a wheelchair can you transfer to a seat? Yes No

If yes, is your wheelchair collapsible? Yes No

Make and model of wheelchair (if needing to travel in it)

Please note that seatbelts must be worn at all times unless you are medically exempt. If so, please enclose a copy of your certificate.

Are there any medical conditions which you may think are relevant to making journeys on this service e.g. epilepsy, arthritis, heart condition, diabetes etc?

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If it is essential you travel with someone to assist you, please state why.

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Would you sometimes like to travel with a companion? Yes / No

Please complete details below of whom we may contact in an emergency.

Name:
Relationship to passenger:
Address:
Daytime Telephone Number:
Evening Telephone Number:
Mobile Telephone Number:

Privacy Notice

*From time to time we would like to contact you with details of events, trips and services you may be interested in.
If you consent to us contacting you for this purpose please circle/tick to say how you would like us to contact you.*

Post Email Phone

If you already use the Call & Go (Dial-A-Ride), could you please let us know how satisfied you are with the service?

Very Satisfied / Satisfied / Not Satisfied

We welcome any comments you would like to make about the service:

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I certify that all the information on this form is correct.

Signed **Date:**

If your details or circumstances change, please advise us either in writing or by phone.