



## Flexible Transport

### Application Form

If you require any assistance in completing this form please telephone **0845 077 9110**

#### Section One – Applicant Information:

Please complete the following in full:

Title			
First Name (s)			
Surname			
Address:			
Post Code:			
Contact Telephone Number(s)		Date of Birth	

#### Section Two – Emergency contact:

Please complete the following in full:

Name of a relative not residing with you:			
Relationship			
Contact Telephone Number (s)			

#### Section Three – About you:

Please complete the following by answering **all** questions, noting the correct answer (YES or NO)

	Yes?	No?
Are you in receipt of the mobility component of Disability Living Allowance?		
Are you in receipt of Attendance Allowance?		



Are you in receipt of a War Pensioner Disablement Pension?		
Do you have an English National Concessionary Travel Scheme Bus Pass issued by the Consortium of Cheshire Borough Councils? (If yes, please complete section 4)		
Are you registered blind?		
If you are a wheelchair user, are you able to transfer from the chair into a seat?		

Do you use any of the following aids:	Yes?	No?
Folding wheelchair?		
Manual Wheelchair?		
Powered wheelchair?		
Passenger Lift?		
Stick/ Crutches?		
Walker / Zimmer?		
Other - please specify?		

Do you have any of the following disabilities:	Yes?	No?
Hearing Impairment?		
Learning Difficulties?		
Mental Health?		
Physical Disabilities?		
Speech Impediment?		
Unsteady?		
Visually Impaired?		
Other - please specify?		



**Section Four – Pass ID:**

Where applicable, please enter your pass ID numbers below:

OAP Pass	
Disabled Badge	
Visually Impaired Pass	

**Section Five – Reason for travel request:**

Give a brief description of your mobility problem or the reason why you are unable to use an ordinary bus service.

  
  
  
  
  
  
  
  
  
  

Do you have access to a private car?

**Section Six - Declaration**

Finally, please sign the following declaration:

I certify that the information given in this form is correct. I give my permission for any relevant checks to be made as to the validity of this information.

Signed:		Date:	
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**Please check you have answered all questions and signed the declaration.  
Please return your form to the address below along with a self-addressed envelope so we can let you know we have received your application.**

**D&G Bus  
Unit 7  
Cowley Way  
Crewe  
CW1 6AE**