

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: | |
|---------|--|-------|--|

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**