

IPSWICH DIAL A RIDE

Brightspace
160 Hadleigh Road
Ipswich
IP2 0HH
Phone 08453 479 379

OFFICE USE ONLY
Details sent
Map Ref
Record card.....



APPLICATION FOR PASSENGER REGISTRATION

- 1. Full name.....
- 2. Address.....
.....Post code.....

3. Telephone number.....
If you have no telephone number, please give the number of someone we can contact in case of an enquiry about a booking, stating whose number it is e.g. a neighbour, relative etc.

- 4. Age group: under 18 18 – 40 41 – 65 65 – 80 Over 80 (tick box)
- 5. Do you usually use a wheelchair? Yes / No
- 6. Do you usually take a companion with you? Yes / No
- 7. Do you usually use a walking aid? Yes / No

If "YES", what type?

- 8. Why are you unable to use public transport?
.....
- 9. Are there any difficulties in getting to and from your home that our drivers should know about?
.....

10. Qualification to use the service (A) or (B) must be completed.

(A) Do you receive any benefits which qualify your need? E.g.

- 1. Disability Living Allowance
- 2. Disability Working Allowance
- 3. Mobility Allowance
- 4. Attendance Allowance

(B) If you do not have any of the above the following must be completed by a doctor, Physiotherapist, Community Nurse or other responsible person (who may charge a fee).

I certify that the above named person is unable to use ordinary public transport

Signed.....Profession.....Date.....

11. I certify that I am unable to use ordinary public transport and have no regular transport available to me.

12. Signed..... (passenger or representative)
Date.....

Service funded by



Suffolk County Council and



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