

**COMMUNITY TRANSPORT SERVICE  
INDIVIDUAL MEMBERSHIP FORM**

Title		Surname			
First Name (s)			Known as (if different)		
Address					
Postcode					
Telephone No			Mobile No.		
Email Address					
Date of Birth					
<b>In the event of an emergency, it would be helpful to have details of someone to contact:</b>					
Name			Relationship		
Telephone No.			Mobile No.		

Can you please tell us a little about your travel needs by ticking ✓ all that apply and completing the additional information where requested.

	Electric wheelchair	Length (cms)		Width (cms)	
	Manual wheelchair			Manual wheelchair to and from bus only	
	Rollator Walker			Walking Frame	
	Scooter	Make		Model	
	I have an oxygen cylinder that I travel with				
	I have an assistance dog	*Name of Dog			
	I travel with an escort	*Name of Escort			
	Can you access a car	Yes or No			

Please use this space to tell us of anything else that will make travelling on our buses easier for you and we will do our best to accommodate your request(s):

\* Optional

Office Use Only					
Membership No		Start Date		D2D Spreadsheet	
Payment method		PI Slip No		Welcome call	

Can you help us by telling us your reason(s) for using our service. Please tick ✓ all that apply.			
	Need fully accessible transport		Public transport not available
	Travel to voluntary opportunity		Travel to work
	Keep my independence		Be part of my community
	Cost effective		No longer a car driver
	To join the Centre 81 Social Club on Wheels		

<p><b>TERMS AND CONDITIONS</b></p> <p><b>Operating Information</b></p> <ul style="list-style-type: none"> <li>Centre 81's Community Transport operates under Section 19 of the Local Transport Act and is available to all residents who live within the Borough of Great Yarmouth. This includes northern and southern villages.</li> <li>We can pick you up from your home within the Borough of Great Yarmouth and take you to your chosen local destination. We can also provide transport to Lowestoft and Norwich, but you will need to speak to our office to check availability and price.</li> <li>A membership fee of £25.00 is payable with the completed application form and thereafter on an annual basis to remain a member. The membership fee is subject to review, periodically and any changes will be notified to all members, by post or email and will be advertised on our buses.</li> <li>Your fare will be calculated using the mileage from your pick-up point to your destination and return, if booked.</li> <li>Escorts must be able to assist you to and from your bus and will travel for half fare.</li> <li>All times you are given for your booked journey should be treated as approximate timings due to other passengers booked on the same bus being ready and traffic conditions.</li> <li>Cancellations must be notified to Centre 81 as soon as possible. If you repeatedly cancel without prior notice, you are likely to incur a cancellation fee.</li> </ul> <p><b>Seatbelt Information</b></p> <p>The safety of our passengers, drivers and other road users is paramount and therefore, the following road safety rules <b>must</b> be followed:</p> <ul style="list-style-type: none"> <li>All seats in our vehicles are fitted with a seatbelt which <b>must</b> be worn at all times <b>unless</b> you have a medical exemption certificate. Wheelchair occupants will be provided with two seatbelts that are anchored to the floor tracking.</li> <li>You are only allowed 1 person in each seat.</li> <li>If you have a medical exemption and you do not have to wear a seat belt you will have been given a 'Certificate of Exemption from Compulsory Seat Belt Wearing' from your doctor. You must:             <ul style="list-style-type: none"> <li>show this to your driver.</li> <li>have it available to show to the police if stopped.</li> </ul> </li> <li>Children must use the correct car seat as detailed in the Highway Code, road safety and vehicle rules, for their weight until they reach 135cms tall or their 12th birthday, whichever is first. The child safety seat or booster cushion, where required, must be provided by the adult travelling with them. Centre 81 is not responsible for providing baby or child seats.</li> </ul>
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### Data Protection – Privacy Policy

- This privacy notice is published in accordance with the EU General Data Protection Regulations (GDPR) 2018. This notice provides general information on the way in which the personal information you provide is managed and processed by Centre 81.
- The information you have provided to us will be used to administer your community transport service membership. We will store your personal data securely in accordance with statutory requirements and our retention policy. We will not share your data with any third party unless we are legal obliged too.

### CONTACT INFORMATION

We hope you will enjoy using our community transport service and as part of that we like to keep all our members up to date with what is happening. If you would like to be included in these updates, then please indicate below how you would like us to contact you.

	Yes, I would like to receive updates by post
	Yes, I would like to receive updates by email (given on Page 1)
	No, I do not want to receive updates

### MEMBERS DECLARATION – To be completed and signed, wherever possible, by the individual applying for membership

I have read and understood the Terms and Conditions and agree to abide by these whilst using the community transport service. I confirm that I will wear the seatbelt provided, unless I am able to show to the driver my 'Certificate of Exemption from Compulsory Seat Belt Wearing'.

Name in full			
Signature		Date	

*If the individual applying for membership is unable to sign the form for themselves, please see over where their representative can do this on their behalf.*

**REPRESENTATIVES DECLARATION – Must only be completed if the individual applying for membership is unable to sign the above declaration.**

I confirm that I have explained in full to the person named on page 1 all the terms and conditions. They fully understand these and agree to abide by them whilst using the community transport service. They confirm that they will wear the seatbelt provided, unless they are able to show to the driver a 'Certificate of Exemption from Compulsory Seat Belt Wearing'.

Name in full			
Relationship to named member			
Signature		Date	

Please tick ✓ the appropriate box below:

<input type="checkbox"/>	I enclose cash/cheque for £25 for my annual membership
<input type="checkbox"/>	I have paid my £25 annual membership online

Your completed form should be sent to:

Centre 81, Yare House, Morton Peto Road, Great Yarmouth, Norfolk. NR31 0LT

**FEEDBACK INFORMATION**

We are always looking for ways to improve or add to our service so if you can spare the time to help us we would be extremely grateful if you could complete the following questions.

1. Please tell us how you wish to use our service? (Tick ✓ all that apply)			
<input type="checkbox"/>	Attend a local club	<input type="checkbox"/>	Bank/Post Office
<input type="checkbox"/>	Community Transport - Days Out	<input type="checkbox"/>	Community Transport – Diners Club
<input type="checkbox"/>	Education	<input type="checkbox"/>	Going for a ride out
<input type="checkbox"/>	Gym/Other sports venue	<input type="checkbox"/>	Library
<input type="checkbox"/>	Medical Appointments	<input type="checkbox"/>	Shopping
<input type="checkbox"/>	Social Events	<input type="checkbox"/>	Visiting family and friends
<input type="checkbox"/>	Volunteering	<input type="checkbox"/>	Work related

2. Please tell us your travel arrangements. (Tick ✓ all that apply)			
<input type="checkbox"/>	On your own	<input type="checkbox"/>	With family and/or friends
<input type="checkbox"/>	As part of a Centre 81 organised group	<input type="checkbox"/>	As part of another organised group

3. Please tell us how you found out about our service? (Tick ✓ all that apply)			
<input type="checkbox"/>	Personal recommendation	<input type="checkbox"/>	Family and/or friends
<input type="checkbox"/>	Seen a Centre 81 Bus	<input type="checkbox"/>	Centre 81's website
<input type="checkbox"/>	Community/Local Magazine	<input type="checkbox"/>	Leaflet
<input type="checkbox"/>	Newspaper article	<input type="checkbox"/>	Your community group
<input type="checkbox"/>	Hospital Transport Service	<input type="checkbox"/>	Social worker/GP/District Nurse

Other – please give details: