

OFFICE USE ONLY:

CT Membership Date: \_\_\_\_\_

Payment received : \_\_\_\_\_

## Community Transport Registration Form

To ensure that you meet the criteria to access this service and the current charges, please refer to the Community Transport Brochure, which you should have received with the registration form. If you have not received a brochure please contact 01483 458052 for a copy or alternatively information regarding the service can be found on [www.guildford.gov.uk](http://www.guildford.gov.uk)

The completed form and payment should be sent to Community Transport, Park Barn Centre, Park Barn Drive, Guildford, Surrey, GU2 8EN. Cheques must be made payable to Guildford Borough Council.

### Privacy Statement

The information you provide us will be used by Guildford Borough Council for the purposes of supporting your needs whilst using the Councils Community Care Services. After this time, your information will be securely destroyed.

Your personal information will be processed in line with Data Protection legislation. We may share your information with other statutory authorities who provide health or social support. When sharing your information we will comply with The Surrey Multi-Agency Information Protocol (MAISP)

Your information will not be disclosed to third parties for marketing purposes. If you believe the data we process on you is incorrect, you may request to see this information and, if necessary have it corrected or deleted. If you wish to raise a complaint, you can contact our Data Protection Officer at the address below. If you believe that we are not processing your data lawfully you can complain to the information commissioner's Office (<https://ico.org.uk/>). Further details are available on our Website – <https://www.guildford.gov.uk/dataprotection> , or from the Information Rights Officer, Guildford Borough Council, Millmead House, Millmead, Guildford, GU2 4BB email: [foi@guildford.gov.uk](mailto:foi@guildford.gov.uk)

Please complete this form in full and return it to Guildford Community Transport & Meas. We will use the information that you provide to update our records so that the service can be tailored to your needs and requirements.

I consent to Guildford Community Transport and Meals to hold my personal data for the purposes described above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Community Transport Registration Form

(Please complete all sections in full)

### PERSONAL DETAILS

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone No: \_\_\_\_\_

\_\_\_\_\_ Mobile No: \_\_\_\_\_

Post Code: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **Next of Kin**

Clients are asked to provide at least one named next of kin.

**Is the nominated NOK aware that they are named as nok? ..... YES / NO**

**Does the NOK consent to Community Transport & Meals holding their details? ..... YES / NO**

**NEXT OF KIN/EMERGENCY CONTACT**

**Contact 1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

\_\_\_\_\_ Mobile No: \_\_\_\_\_

\_\_\_\_\_ Work No: \_\_\_\_\_

Email: \_\_\_\_\_

**Contact 2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

\_\_\_\_\_ Mobile No: \_\_\_\_\_

\_\_\_\_\_ Work No: \_\_\_\_\_

Email: \_\_\_\_\_

## NOK Disclosure Authorisation Form

The General data protection regulation protects you and your personal data. You have control of all the identifiable information that we hold on you.

We have asked you to provide details of NOK. We ask for this information so that should there be a concern for your welfare, we can inform those close to you.

You have control over what, if any information we will provide to your nominated NOK.

From the list below, please tick which authority you would like us to have when conversing with your nominated NOK.

Permission level	Please Tick
I consent to Community Transport & Meals Service accepting and disclosing transport bookings/cancelations or meal deliveries/cancelations to my nominated NOK	
I consent to Community Transport & Meals Service contacting NOK to advise if there has been a failed delivery/collection	
I consent to the Community Transport & Meals Service to discuss any concerns with service provision with my nominated NOK	
I consent to the Community Transport & Meals Service to discuss my welfare issues or causes for concern with my nominated NOK	
I <b>DO NOT</b> give Community Transport & Meals Service to discuss or disclose my personal data to my nominated NOK	

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

You can change the level of authorisation at any time by contacting the Community Transport and Meals Office

**ELIGIBILITY**

Please tick all that apply to you:

- |   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| A resident of Guildford Borough                         | <input type="checkbox"/> | Over sixty years of age                         | <input type="checkbox"/> |
| Of any age with a physical disability or mobility issue | <input type="checkbox"/> | Of any age suffering long or short term illness | <input type="checkbox"/> |
| Of any age with learning difficulties                   | <input type="checkbox"/> |   |                          |

**GENERAL HEALTH**

	Good	Fair	Poor	Other	Details
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Do you have any other disabilities, health issues or impairments that you feel we should be aware of?

Please state: \_\_\_\_\_

**MOBILITY AND AIDES**

Please tick each of the boxes that applies to you:

- |   |   |
|---|---|
| <input type="checkbox"/> I use a walking frame                    | <input type="checkbox"/> I use a 3 wheeled walker           |
| <input type="checkbox"/> I used a 4 wheeled walker                | <input type="checkbox"/> I find it difficult to climb steps |
| <input type="checkbox"/> I find it difficult to stand for periods | <input type="checkbox"/> I need to use a wheelchair         |
| <input type="checkbox"/> I cannot transfer from my wheelchair     |   |

**ASSISTANCE DOGS**

When travelling, will you bring an assistance dog? YES/NO

**WHEELCHAIR INFORMATION**

In order to use your wheelchair on our vehicles it must have been crash tested up to 30mph. If you are unsure we can check this for you. Please supply the following information regarding your wheelchair:

**Wheelchair Type:**                      Electric                      Manual                      (please circle)

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Modifications: \_\_\_\_\_

For safety reasons we are restricted on the total weight the passenger lifts on the vehicles are able to hold. In order to ensure that we do not exceed this limit we need to approximate the total weight likely to be lifted on the passenger lift.

Please state your approximate weight: \_\_\_\_\_

**PROPERTY LOCATION**

Is there anything that will help our drivers find your address (e.g. Post Box outside): \_\_\_\_\_

\_\_\_\_\_

Do you have any communication requirements (e.g. Large print): \_\_\_\_\_

Would you like any information on other services provided by Guildford Borough Councils Community Care Services?

Community Meals

Social Centres

I declare to the best of my knowledge that the information provided on this form is correct.

Signed:

Date:

Print Name:

Please Note: Guildford Borough Council reserves the right to review the eligibility of those registered at any time.

**For Office Use Only:**

**Membership Details:**

**Date Paid**

**Initials**

**Single Membership:**

**£12.50**

\_\_\_\_\_

\_\_\_\_\_

**Record Created:**

 YES NO

**Date Created:** \_\_\_\_\_

**Customer Charter:**

 YES NO

**Date:** \_\_\_\_\_

**Meet the Team:**

 YES NO

**Date:** \_\_\_\_\_

**Social Trip Brochure:**

 YES NO

**Date:** \_\_\_\_\_

## Guildford Community Transport & Meals Key Safe Agreement Form

In order for Guildford Community Transport & Meals to hold key safe information on its system and to provide support and assistance to clients by using key safe's, formal permission is required from the client, next of kin as power of attorney or from an advocate acting on behalf of the client.

This form must be completed in full, giving both consent for key safe information to be held, and detail of the level of access permitted to be provided. This form must be returned to: Guildford Community Transport & Meals, Park Barn Centre, Park Barn Drive, Guildford, GU2 8EN.

***Please provide the following information:***

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Key Safe Number:** \_\_\_\_\_

***Please tick the appropriate boxes to agree the level of usage of the key safe by Guildford Community Transport & meals staff:***

I give permission for Guildford Community Transport/Meals staff to enter the above address using the key safe to give support/assistance to clients before providing transport or to deliver meals where the client is unable to answer the door	<input type="checkbox"/>
I give permission for Guildford Community Transport/Meals staff to enter the above address using the key safe only where there is serious concern for my health and wellbeing	<input type="checkbox"/>
I give permission for Guildford Community Transport staff to only use the key safe for the above address in situations including the passenger not having access to their own key	<input type="checkbox"/>
I do not give permission for Guildford Community Transport & Meals staff to access my key safe at any time	<input type="checkbox"/>

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

***If completing the form on behalf of the person living at the stated address please give detail as to your relationship with the person and your entitlement to make decisions on the person's behalf:***