

## **Tandridge Buses 4U Dial-a-Ride**

## **Registration Form**

Please complete all questions on the questionnaire. In case of difficulty with any question, please telephone for assistance on **01883 701270** 

## Please tick all appropriate boxes

Title	Mr		Mrs		Miss		Ms		Othei sp	, plea ecify	ase		
Surname:	•												
First names													
Address:													
Postcode:						Ema	ail:						
Telephone	elephone No.:												
Date of birth	Date of birth:												
I confirm that I require this transport service because (please tick both):													
a) <b>I do not</b>	) I do not have my own transport E												
AND													
b) Either I live more than 500 metres (546 yards) from the nearest bus service, I have great difficulty getting to the nearest bus service or I have great difficulty using public transport													
Do you use a shopping trolley, stick or other equipment? If Yes, please give full details:					?	Yes		No					
Do you have a guide dog? Yes No													
Essential escort required to travel? Yes						No							
													P.T.O

For office use only									
Date of registration		Payment received		Next renewal date					

Do vou use a wheelchair? Yes No									
Do you use a wheelchair?							Yes		
If yes, can you transfer to a seat on your own? If a wheelchair user, tick the boxes which best describe							Yes		)
If a wheelchair us when travelling o	•		exes which	best de	scribe	the whe	elchair	you will	use
Electric	Yes	No	Large	Yes	No	Sma	Small		No
Extended footrest	Yes	No	Scooter	Yes	No	Star	ndard	Yes	No
Please indicate a	person	we m	ay contact	in an er	nerger	ncy:			-
Contact name:									
Relationship: e.g	. Neight	our, F	riend, Rela	tive, W	arden.				
Contact telephon	e numb	er:							
Contact address:									
(e.g. I live on the The above inform postal order for <b>£</b> to cover my mem	nation is 2 <b>25.00</b> r	s corre	payable to			•			
Date:		Signed:							
		Thank	you for c	omplet	ing thi	is form			
If you are a taxpayer, you may Gift Aid your membership fee, which means we can reclaim the tax to help support this service. If applicable, please complete and return the separate Gift Aid form. Thank you.									
Please return to:			-						
East Surrey Rural Transport Partnership									
Tandridge District Council 8 Station Road East									
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Form revised 7 March 2024