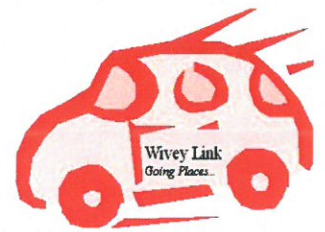


Wivey Link

A Division of the Wiveliscombe Area Partnership a Registered Charity



Wivey Link Registration Form

Title:.....Surname:.....First Names:.....

Address:.....

Postcode:.....Tel/Mob:.....

Date of Birth:.....email.....

Emergency Contact Details of Relative or Friend:

Name:.....Telephone Number:.....

Do you have a Bus Pass: YES NO Number: (Last 8 Digits).....Expiry Date.....

Are you a TDBC Tenant: YES NO Number:.....

Are you registered disabled: YES NO

Do you suffer from diabetes: YES NO Epilepsy: YES NO

Do you use any of the following: (Please tick)

WHEELCHAIR

(Please note wheelchairs must be assessed by one of our drivers for suitability to go on our vehicles; Our assessment does not take into account the wheelchair's roadworthiness or suitability for the user, this is the sole responsibility of the wheelchair user.)

GUIDE DOG SHOPPING TROLLEY WALKING STICK ZIMMER FRAME

PUSHCHAIR BABY OR TODDLER ESCORT CARER

OTHER (Please specify).....

I apply to register with Wivey Link and agree to abide by its conditions of registration and carriage.

Signed.....

Registration Fee (if applicable) £15.00. Date paid.....



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