



Membership Application Form

Thank you for your interest in becoming a member of **sedcat** - you will be joining many other people who every week, benefit from our services and travel in accessible transport

1. Please complete this membership form and ensure that you sign it below
2. Return this form to us by post to: **SEDCAT
Castlepoint Shopmobility
Castlepoint Shopping Park
Castle Lane West
Bournemouth
BH8 9XA**
3. On receipt of this application, we will either contact you to arrange the payment of the £15 membership fee by card over the phone, or alternatively you can **enclose a cheque** with this form or make a **Bank Transfer** direct to our account, Acc number: **65540987**, Sort code: **08-92-99**

LAST NAME.....
(Mr/Mrs/Miss)

FIRST NAME.....

ADDRESS.....

.....

.....

POSTCODE

TEL NO.....

MOBILE NUMBER.....

EMAIL ADDRESS

DATE OF BIRTH.....

Do you use a wheelchair? **Yes/No** Do you need to travel in our vehicle in your chair? ***Yes/No**

*(*If you need to travel in your own wheelchair please ensure it is crash tested)*

Do you have other Mobility or Cognitive (e.g. Dementia) requirements that we need to be aware of?

If Yes please specify.....
....

Do you use oxygen or need any other supportive medical equipment whilst in transit?
Yes/No

*If you have ticked **Yes** to any of the above a Risk Assessment may need to be completed prior to transportation to assess your specific requirements. If an individual's requirements fall outside of our level of operational services we may not be able to assist you.*

In case of an emergency please provide an Emergency Contact or Next of Kin:

Name.....

Tel No.....

Relationship.....

Please provide the name of your GP surgery and

Doctor.....

*I declare that I am unable, or have difficulty, in using public transport. I give permission for a Sedcat driver to enter my home on my return for a specific purpose, e.g.: after a hospital appointment if I have mobility difficulties or to take in my shopping. Any other reasons for entering my home with my permission should be specific and will be noted direct to **sedcat**.*

Any personal information given will be processed in accordance with UK Data Protection Legislation and that information is held in line with our privacy statement as set out in full on our website at www.sedcat.org.uk

Signed Date.....