sedcat
Your community transport

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 £20 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……

Where did you hear about **Sedcat**?
……

Sedcat's services are primarily intended for:

- **Older or elderly people** who find public transport difficult or aren't able to access it easily.
- **People with disabilities** (physical, sensory, or other mobility challenges) that make using buses/trains hard.
- **Vulnerable or socially isolated individuals** who might otherwise struggle to get out for essential activities like shopping, appointments, or social outings.
- **Residents of the local area (Bournemouth, Poole, Christchurch, East Dorset)** who are unable to access regular passenger transport due to age, sickness, disability, or similar barriers.

Do you use a wheelchair? **Yes/ No** Do you need to travel in a wheelchair? **Yes/ No**

Is your wheelchair crash tested? **Yes/ No/ Not sure?**

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, this may be completed by an external assessor. 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
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I declare that I am unable, or have difficulty, in using public transport. I give permission for a Sedcat driver to enter my home 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 directly to sedcat.

Your information is held and only used for recognized legitimate purposes in regard to providing safe Community Transport services to our members in accordance with the GDPR and Data Protection Act. We do not share your details with third parties. Your Information is kept no longer than necessary to provide services and no longer than 4 months after expiry of membership. For more information about Privacy Notice please check out our website on www.sedcat.org.uk

Signed .....
Date.....