



REGISTRATION FORM

NAME:

ADDRESS:

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TELEPHONE NUMBER:

- I am able to board the vehicle by the side steps.
- I require to board using the lift.
- I wish to travel sitting in my wheelchair.

• PLEASE DELETE THE ABOVE AS APPROPRIATE.

IMPORTANT - If you have any disability such as diabetes, epilepsy etc please declare below. Such information is confidential to the vehicle crews.

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EMERGENCY/NEXT OF KIN CONTACT INFORMATION

Please provide us with details of your next of kin or family/friends we could contact in case of emergency:-

NAME

ADDRESS

TEL NO

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DETAILS OF YOUR GP IN CASE OF EMERGENCY

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Please return this form to the Office Administrator, Contact 88, Tozer Way, Chichester, West Sussex PO19 7LG Telephone 01243 531988