



**To become a member of the  
Westminster Community Transport Service  
please complete all pages of this form, sign below & return it to  
the address below.**

**DATA PROTECTION**

Information I have provided on this form will be used to register my membership with Westway CT. My contact details & sensitive data (information pertaining to my health or disability) will be processed in accordance with the Data Protection Act 1998 & not passed to any third parties without my permission, except for Westminster Council, which funds this scheme.

By filling in all sections of the form you will help us to ensure these services are widely used by all members of the community. By signing below, you consent to our processing of any sensitive data in accordance with this notice.

**Your Ethnicity** (please select one only)

**White**

- British
- Irish
- Other European
- Any other white

**Mixed**

- White & Black
- White & Black African
- White & Asian
- Any other mixed

**Black or Black British**

- Caribbean
- African
- Somali
- Any other black

**Any other group**

- Moroccan Arab
- Other Arab
- Chinese
- Filipino
- Any other ethnic background

**Asian or Asian British**

- African Indian
- Indian
- Pakistani
- Bangladeshi
- Other Asian

**All Ethnic backgrounds**

**Not recorded**

**Please return with this form to  
Westway CT, 240 Acklam Road, London, W10 5YG.**

**Please sign below:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Westway CT  
Westminster Community Transport Service  
Membership Form**

020 8964 1114

The Westminster Community Transport Service is a subsidised pre booked door to door transport service for Westminster groups and residents who find it difficult to use public transport unassisted.

Westminster council contribute 75% of the cost of each trip meaning that the fares can be kept down to an absolute minimum. The current mileage rate for individuals is just £1.10 per mile inclusive of VAT. You can use this service to do a variety of journeys - the choice is yours. It is advisable to give plenty of notice when booking transport—ideally three to four days in advance as trips need to be scheduled.

**Please note that volunteer drivers support this scheme so bookings are not guaranteed until confirmation.**

**As a member of this service you get access to the Westminster Shopper please call the shopper line on 020 8960 9020 for more info**

**\*\*Booking lines open 13.00 to 16.00 weekdays, excluding bank holidays\*\***

**A. Personal Details**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Mr / Mrs / Miss / Ms / Other \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Tel No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

## B. About you

1. What is the cause of your mobility impairment? \_\_\_\_\_  
\_\_\_\_\_

Please tick which category best describes yourself:

Frail Elderly

Physical Disability

Learning Disability

Mental Health

Chronic / Acute Ill Health

Other \_\_\_\_\_

2. Do you use any of the following Walking Frame

Wheelchair

Is your wheelchair manual? YES / NO

Is your wheelchair electric? YES / NO

Can you transfer from your wheelchair into a car? YES / NO

3. Do you have a visual impairment ? YES / NO

Wear glasses Partially sighted Other \_\_\_\_\_

4. Do you have any of the following?

Epilepsy / Seizures Diabetes Heart Conditions / Angina

5. What is your approximate weight \_\_\_\_\_

6. Your approximate height \_\_\_\_\_

## C. Where you live

If you can give us details where you live, this will help the drivers locate your address easily.

1. What type of accommodation do you live in (please tick)?

Sheltered housing

Flat in purpose built block

Flat in converted house

Other \_\_\_\_\_

2. Where should the driver park when they collect you?

\_\_\_\_\_

3. Can you provide us with any other useful details regarding your address, such as stairs, access, notable landmarks?

\_\_\_\_\_

## D. Other details

1. Who referred you to the Westminster Community Transport Service?

Self  Carer  Adult Social Care  Health Services

Other (please state) \_\_\_\_\_

2. Name & phone number of next of kin or friend/neighbour to contact in an emergency

Name \_\_\_\_\_

Ph No. \_\_\_\_\_

3. If you have a social worker what is their name?

\_\_\_\_\_