



**To become a member of Door-to-Door Services, please complete all the sections of this form, sign below & return with your annual registration fee of £12 (this fee is non-refundable).**

**DECLARATIONS (Scooter Users only)**

- A) I declare that as far as I am aware, I do not have any condition that would impair my ability to operate the equipment loaned to me.
- B) I understand that it is my responsibility to inform Westway CT immediately in the event that I become aware of any change in my condition which might affect my ability to safely operate the equipment, & agree to undertake a new assessment.
- C) I agree to undertake training at an agreed date and time & understand that I may be refused use if staff have assessed & found me unable to safely operate a scooter.

**DATA PROTECTION**

Information I have provided on this form will be used to register my membership with Westway Community Transport. My contact details and 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 the Royal Borough of Kensington and Chelsea, 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 tick 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\_\_

**Asian or Asian British**

- African Indian\_\_
- Indian\_\_
- Pakistani\_\_
- Bangladeshi\_\_
- Other Asian\_\_

**Any other ethnic background\_\_**

**Please make cheques for £12 payable to WESTWAY COMMUNITY TRANSPORT and return with this form to 240 Acklam Road, London, W10 5YG.**

*We will send you a welcome pack upon receipt of your registration form and fee.*

**Please note: The registration fee is non refundable**

**Please sign below:**

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



**Westway Community Transport  
Door-to-Door Services Registration Form**

**Community Car Scheme - Mobility Scooter Scheme - Shopper Service**

**Kensington & Chelsea Residents**

(registering entitles you to use all three services as detailed below)

**Door-to-Door Services** specifically for residents of Kensington & Chelsea who find it difficult and/or impossible to use public transport.

We provide a Community Car Scheme, Mobility Scooters and a Shopper Service.

**Community Car Scheme** - is a **volunteer supported** one-to-one car service (*similar to a pre-booked taxi service*). This means that bookings **cannot be guaranteed** until we can find a volunteer available to drive you. You can book a journey to attend activities and classes, visit friends and family, attend appointments or just go about your everyday business.

**Mobility Scooters** - offering users independent access to a variety of places, to do a range of things. Scooters can be collected from our offices and from Holland Park. We can also deliver to your home or another preferred location however charges for this will apply. Please see our website [www.westwayct.org.uk](http://www.westwayct.org.uk) for more information.

**Shopper Service** - for people who find it difficult to use public transport to do their weekly shopping. We plan each trip so that our minibus driver collects you from your door and drops you home again. We collect shoppers at set times for each journey. See our website [www.westwayct.org.uk](http://www.westwayct.org.uk) for a timetable and details about which supermarkets we attend and when.

**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\_\_

Dementia\_\_

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 Condition / Angina\_\_

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

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

## C. Where you live

Please tell us more about 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. How did you hear about Door-to-Door Services (please tick)?

Carer\_\_

Adult Social Care\_\_

Health Services\_\_

Current Member (please tell us their name) \_\_\_\_\_

Other (please tell us more) \_\_\_\_\_

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

Name \_\_\_\_\_ Tel No. \_\_\_\_\_

3. If you have a social worker please tell us their name?

\_\_\_\_\_