

**Westway CT Membership Form
for
Westminster Residents
Volunteer Cars - Shopper Service - Mobility Scooters**

Westway CT's services are specifically for residents of Westminster who find it difficult to get out and about.

Volunteer Cars: a subsidised pre-booked one-to-one car service, however unlike a taxi service the Volunteer Cars are **volunteer supported** which means that bookings **cannot be guaranteed** until we can find a volunteer available to drive you. Westminster Council contribute 75% of the cost of each trip, keeping fares down to an absolute minimum. Registered Members will be charged £1.10 per mile inclusive of VAT for a journey. You can book a journey to attend activities and classes, visit friends and family, attend appointments or just go about your everyday business, it's entirely up to you.

Shopper Service: a FREE 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 back home again. We collect shoppers at set times for each journey. See our website www.westwayct.org.uk for a timetable (also enclosed) and details about which supermarkets we attend and when.

Mobility Scooters: offering users independent access to a variety of places, to do a range of things using a Scooter. Scooters can be collected from our offices and/or from Holland Park Park's Office. Scooters are charged from £2.50 per session upwards. We can deliver a Scooter to your home or another preferred location, however standard minicab charges will apply for the delivery and pick-up service. See www.westwayct.org.uk for more information.

A. Personal Details

First Name _____ Surname _____

Mr / Mrs / Miss / Ms / Other _____

Address _____

_____ Post Code _____

Landline No. _____ Mobile No. _____

E-mail _____ Date of Birth _____

Contact permission: Westway CT would like to keep you updated with information about services and send you the latest news and offers. Are you happy to hear more from us? Yes No

If yes, please tell us the best way to communicate with you by ticking the boxes that apply. (By ticking these boxes you confirm that you are over 18).

Email Post Text Message Telephone

We will always treat your personal details with the utmost care and comply with the GDPR Regulations. We will never sell your personal information to any third-party. Please find more information in the Privacy Notice on our website www.westwayct.org.uk You can request this information to be sent to you and you can change your communications at any time by calling us on 020 8964 4928.

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 _____

7. Do you live alone? _____

8. What language/s do you speak? 1st _____

Any others _____

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. Who referred you to Westway CT's 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 details?

To register to use Westway CT's services, please complete all the sections of this form, sign below & return it to the address below.

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 with Westway CT. My contact details and sensitive data (information pertaining to my health or disability) will be processed in accordance with the EU General Data Protection Regulations (GDPR) 2018. I am aware that I can find more information about the way in which my personal data is used and stored by Westway CT by viewing the Privacy Notice on the Westway CT website.

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. Please see the Privacy Policy on the Westway CT website to learn more.

Your Ethnicity (please tick one only)

White

- British__
- Irish__
- Other European__
- Any other white__

Black or Black British

- Caribbean__
- African__
- Somali__
- Any other black__

Asian or Asian British

- African Indian__
- Indian__
- Pakistani__
- Bangladeshi__
- Other Asian__

Mixed

- White & Black__
- White & Black African__
- White & Asian__
- Any other mixed__

Any other group

- Moroccan Arab__
- Other Arab__
- Chinese__
- Filipino__
- Any other ethnic background__**

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

Please sign below:

Signature: _____ **Date:** _____