

## Westway CT Membership Form for Westminster Residents

### Individual Transport Services

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

Westway CT's services are specifically for residents who find it difficult and/or impossible to use public transport.

**Volunteer Cars:** a subsidised pre-booked one-to-one car service however unlike a taxi service the Car Scheme is **volunteer supported** which 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.

**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** for a timetable and details about which supermarkets we attend and when. We can send this info to you if you do not have access to the website.

**Wheelchairs/Mobility Scooters:** offering users independent access to a variety of places, to do a range of things. Scooters can be collected from our offices.

Please see our website **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 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 you 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 preferences at any time by calling the Transport Team directly on **020 8964 1114** or by email to **info@westwayct.org.uk**

**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 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 name?

\_\_\_\_\_

**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 \_\_\_\_\_

**To register to use Westway CT's 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 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 pay the Registration Fee of £12 to  
WESTWAY CT, 240 Acklam Road, London, W10 5YG.**

**You can pay via cheque or using a credit/debit card over the telephone.**

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

***I enclose:***

- Cheque

***I will pay by:***

- credit/debit card (via telephone)
- Bank Transfer (Sort Code: 40 05 08 and Account No: 61161237).
- (via our Website) **westwayct.org.uk/make-a-payment**

**Please sign below:**

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