

Westway CT Membership Form for Westminster Residents

Volunteer Cars - Shopper Service - Mobility Scooters (registering entitles you to use all three services as detailed below)

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

Mobility Scooters: offering users independent access to a variety of places, to do a range of things using a Scooter which 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 charges will apply.

See **www.westwayct.org.uk** for more information.

however extra charges apply for the delivery and pick-up service. Please see our website **www.westwayct.org.uk** for more information.

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. 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 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 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:** _____