



**Westway CT Annual Membership
Form**
Individual Transport Services for 50+
(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.

Please see our website **www.westwayct.org.uk** for more information.

A. Personal Details

First Name _____ Surname _____

Mr / Mrs / Miss / Ms / Other _____

Address _____

Borough RBKC Westminster

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**

B. 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 ✓ the appropriate box)

Sheltered housing

Flat in purpos- built block

Flat in converted house

Other (please specify) _____

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?

C. Referred by and Emergency Contact

1. How did you hear about Westway CT's services? (Please ✓ the appropriate box)

Carer

Adult Social Care

Health Service

Current Member (please tell us there name) _____

Other _____

2. Emergency Contact

Title _____

First Name _____

Last Name _____

Relation _____

Telephone _____

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

D. Other Details (required for local monitoring)

Disability	Please ✓ the appropriate box
Mobility Impaired	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>
Dementia	<input type="checkbox"/>

What is your approximate weight? _____

Your approximate height? _____

Do you live alone? _____

What languages do you speak? _____

Do you use any of the following:

Walker

Wheelchair

If a wheelchair is it manual or electric?

Manual

Electric

Can you transfer from your wheelchair into a car?

Yes

No

Do you have a visual impairment?

Wears glasses

Partially sighted

Do you have any other conditions?	Please ✓ the appropriate box
Epilepsy / Seizures	
Diabetes	
Heart Condition / Angina	
Other (Please specify)	
None	

Ethnicity		Please ✓ the appropriate box
Asian or Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Chinese	
	Any other Asian background	
Black, African, Caribbean or Black British	African	
	Caribbean	
	Any other Black, African or Caribbean background	
Mixed or Multiple ethnic groups	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Any other Mixed or Multiple ethnic background	
White	English, Welsh, Scottish, Northern Irish or British	
	Irish	
	Gypsy or Irish Traveller	
	Any other white background	
Other ethnic group	Arab	
	Any other ethnic group (please list)	
Other/Not stated		

What is your sexual orientation

Bisexual Gay/Lesbian Heterosexual Not stated

Other sexual orientation

E. Terms and Conditions

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)**.

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.

To use our services you are required to pay a **non-refundable** membership fee of **£12** and **agree to our terms of service**.

Please select your preferred payment method:

By Telephone:
credit/debit card

Bank Transfer:
Sort Code: 40 05 08 and
Account No: 61161237

By our Website:
westwayct.org.uk/
make-a-payment

By cheque to:
WESTWAY CT,
240 Acklam Road, London,
W10 5YG.

By Signing, you agree to Westway CT's Terms of Service.

Signature: _____ **Date:** _____