

TRANSPORT SCHEME REGISTRATION FORM SWALE COMMUNITY AND VOLUNTARY SERVICES (CVS) Central House, Central Avenue, Sittingbourne, Kent ME10 4NU



TRANSPORT SCHEME

Tel: 01795 426647 9.30am – 2.30 pm weekdays (No answerphone facilities)

CLIENT INFORMATION

Name Address Postcode Postcode Tel No/ Mobile No Date of Birth Do YOU USE: Frame Stick Wheelchair Please tick any of the following that apply to you: Difficulty getting to the phone Hard of hearing Disabled (please state)
Postcode Tel No/ Mobile No Date of Birth DO YOU USE: Frame Stick Wheelchair Please tick any of the following that apply to you: Difficulty getting to the phone Hard of hearing Poor eyesight
Postcode phone number of other contact Tel No/ Mobile No Date of Birth DO YOU USE: Frame Stick Wheelchair Please tick any of the following that apply to you: Difficulty getting to the phone Hard of hearing Poor eyesight
Tel No/ Mobile No Date of Birth DO YOU USE: Frame Stick Wheelchair Please tick any of the following that apply to you: Difficulty getting to the phone Hard of hearing Poor eyesight
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Difficulty getting to the phone Hard of hearing Poor eyesight
Need reminding/forgetful Disabled (please state)
Disabled (please state)
What other assistance would be needed?
Do you have a disabled parking permit? YES / NO
PLEASE RETURN THIS FORM TO SWALE CVS AT THE ADDRESS ABOVE WITH YOUR CHEQUE / P.O. FOR £25.00 Cheques to be made payable to Swale CVS
Alternatively you can do a bank transfer using the following details – Sort code 20 54 11 - Account number 30899569 – Reference - Surname and initial of client
Please tick the following for method of payment Cheque Cash Postal order Bank Transfer