Basildon Community Transport Services.

Application form for membership. (2026-27)

All information on this form is confidential. We never pass any information held to any third party.

CLIENT REGISTRATION FORM

Surname:	Title:	First name:	
Address:			
		Post Code:	
Tel:	Mobile:	Date of Birth:	

Emergency Contact Name:	Phone Number/s:
Address:	
Relationship to you (For Example, husband, wife, son, daughter, neighbour, friend)	

Annual Membership Fee is £25.00 (Oct-Oct)

CRITERA FOR JOINING

Please circle at least one of the following:

- I am elderly Yes/No
- I have a disability Yes/No
- I am unable to access suitable public transport Yes/No
- I require an escort (**to be provided by member**) Yes/No

CAPABILITIES

Please complete the following as the more information we have about you , the better we will be able to help you.

- Can you get into and out of a car Yes/No
- Do you need front seat only Yes/No
- Is your eyesight impaired Yes/No
- Will you be travelling with an accompanying guide dog Yes/No
- Is your hearing impaired Yes/No
- Do you have confused memory/memory loss/Dementia/Alzheimer's(please circle appropriate)
- Do you have difficulty walking Yes/No
- Do you suffer from epilepsy Yes/No

Do you use any of the following mobility aids?

- Walking sticks Yes/No
- Shopping trolley Yes/No
- Is Shopping Trolley Ridged Yes/No
- Zimmer frame Yes/No
- Wheeled walker Yes/No 3 or 4 wheels (please cross one out)
- Does your frame fold down Yes/No
- DO YOU HAVE A UP TO DATE BUS PASS Yes/No

Do you have a wheelchair? Yes/No

If Yes: Manual or Electric (Please cross out one)

Model:	
Weight:	
Make:	
Wheel size:	Large or small
Wheelchair type	Folding or Ridged
Are brakes and tyres serviced regularly	Yes or No
Can you transfer from your wheelchair to a vehicle	Yes or No

Is there anything else you would like to tell us about you such as needing dementia support.

Please read the following and sign if you agree:

- I understand that a risk assessment may be carried out before any bookings are made
- I understand that I am not always guaranteed to travel on a minibus for every journey
- I understand that it is my responsibility to inform BCTS of any changes to mobility or health.
- I understand that any bookings taken are subject to availability and may be changed at short notice
- I understand that bookings must be pre-booked at least 3 working days beforehand
- I understand that the time agreed to pick up is approximate. Depending on other bookings and cancellations, the driver may call up to 15 minutes earlier or 15 minutes later than the time quoted by booking staff
- I agree to pay the agreed contribution to the driver each time I travel.

I also understand that BCTS will hold my information on file to provide the services I request.

Sign:	Print:	Date:

Equal Opportunities Monitoring: (Tick as appropriate)

Male		Female		Black Caribbean		White British		Black African	
White other			Age 16-35		Age 35-65		Aged Over 65		

PLEASE NOTE WE DO NOT SEND A CONFIRMATION LETTER, just ring at least 3 days before a trip is required
Send this form and membership payment of £25 to:
Basildon Community Transport Services Ltd
The George Hurd Centre
Audley Way
Basildon SS14 2FL Tel: 01268465858
Reg Charity No: 1146853

PLEASE MAKE SURE YOU READ THE ACCOMPANYING LETTER.