

BRENT COMMUNITY TRANSPORT

East Lane Business Park
Studio 41/42, Building 56 South
Magnet Road
Wembley
HA9 7RG
Tel: 020 3114 7022
Fax: 0208 904 4161
www.brentct.org.uk

Community Car Scheme Registration Form

If you require assistance in completing this document please telephone
020 3114 7022

Personal Details:

Name:	_____
Address:	_____ _____
Telephone:	_____ Ethnic origin: _____
Mobile:	_____
Date of Birth:	_____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Email:	_____
Nature of Limited mobility/Disability/Medical Condition:	_____ _____ _____

Emergency Contact Details:

Name:	_____
Address:	_____ _____
Telephone:	_____ Relationship to Applicant: _____
Mobile:	_____

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Mobility Details:

Which of the following will you take with you when you travel? Please circle applicable.

Frame: Yes/No

Stick: Yes/No

Zimmer: Yes/No

Manual Wheelchair: Yes/No

Electric Wheelchair: Yes/No

Will you need any specialist equipment? If so please give details:

Do you use any of the following services?

Taxi card: Yes/No

Dial-A-Ride: Yes/No

In order for your application to be assessed correctly, the user of the Community Car Scheme is required to send in a form of proof from one of the following:

If you are in receipt of the **HIGHER RATE MOBILITY** component of the **DISABILITY LIVING ALLOWANCE**, you will be required to provide either a photocopy of the front cover and second page of the book, or a photocopy of the letter of entitlement.

If you are in receipt of a **WAR PENSION MOBILITY SUPPLEMENT**, please provide a photocopy of the payment book or letter of entitlement.

If you are **REGISTERED BLIND** you should provide a photocopy of your **REGISTRATION WITH BRENT**.

If you do not have any of the above, you must provide a letter of confirmation from your GP confirming that you have a mobility limitation which must be specified as **PERMANENT AND HAS PREVENTED YOU FROM USING UNMODIFIED PUBLIC TRANSPORT FOR AT LEAST TWO YEARS**.

For Office Use Only

Criteria Met: Yes/No

Wheelchair User: Yes/No

Information Sent: Yes/No

Manual/Electric

Registration Number: _____

Date Sent _____