



# Registration Form

**For Official use only**

Registration No.

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Reasons for A / E

Name \_\_\_\_\_

Address \_\_\_\_\_

Post code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Application date      /      /

Date of birth \_\_\_\_\_

Sex    Male     Female

**What difficulty do you have using normal public transport?** Please tick one box.

Can't complete journey / stamina       Can't get on / off transport   
Can't get to / from transport       Fear / anxiety

**What is your main disability?** Please tick one box.

AR Arthritic / Rheumatoid       LB Learning / Behavioural       S Sensory   
CN Cerebral / Neurological       LD Limb Disfunction       STI Short Term Illness   
FE Frail / Elderly       LTI Long Term Illness       FP Fear / Phobia   
HR Heart / Respiratory       NA None

**Do you use a wheelchair?**      Yes       No

**Can you transfer to a seat?**      Yes       No

**Can you use a taxi?**      Yes       No

**Please indicate wheelchair type**

Electric       Manual       Folding   
Other  \_\_\_\_\_

**Name of emergency contact person (neighbour / relative)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** Work \_\_\_\_\_ Home \_\_\_\_\_

**Do you have a bus pass?**      Yes       No

**Bus pass no.** \_\_\_\_\_

**Expiry date** \_\_\_\_\_

**Please indicate what type**

National concessionary travel pass for eligible over 60s and disabled

National concessionary travel pass concession plus for disabled people

Continue overleaf

The information below will be retained by GMATL for monitoring only, not as a basis for registration, and will be treated in a private and confidential manner.

### How did you find out about Ring & Ride?

Leaflets	<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>	Health Centre	<input type="checkbox"/>
Radio	<input type="checkbox"/>	Library	<input type="checkbox"/>	Ring & Ride Vehicle	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	Bus Station	<input type="checkbox"/>	Internet	<input type="checkbox"/>
Any other method (please specify)					

### How would you describe your ethnic origin?

#### A. White

White British	<input type="checkbox"/>
White Irish	<input type="checkbox"/>
Any other white background (see F)	<input type="checkbox"/>

#### B. Mixed Heritage

White & Black Caribbean	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>
Any other mixed background (see F)	<input type="checkbox"/>

#### C. Asian or Asian British

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Any other Asian background (see F)	<input type="checkbox"/>

#### D. Black or Black British

Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other background (see F)	<input type="checkbox"/>

#### E. Chinese or Chinese British

Chinese	<input type="checkbox"/>
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#### F. Any other background

Please specify

### Data Protection

GMATL will not disclose this information to any other persons or organisations except within GMATL and Transport for Greater Manchester.

GMATL registered charity No 1007487 complies with the data protection act 1998 and uses the law to protect your information.

If you do not want us to contact you in the future about Ring & Ride events please tick the box.

### Declaration

I confirm that the above details are correct and that I need to use Ring & Ride because I have great difficulty using normal public transport.

I will inform Ring & Ride if there are any changes to my circumstances which affect my eligibility to use the service.

### Signed

Date

### If you are applying by post please return to:

GMATL  
20th Floor Manchester One  
53 Portland Street  
Manchester  
M1 3LD