

For Official use only Registration No.							
Reasons for A / E							

Name		Application date / /						
Address		Date of birth						
		How would you describe your gender?						
Post code		Man (including trans man)						
Telephone	Mobile	Woman (including trans woman)						
What difficulty do you have using normal public transport? Please tick one box.								
Can't complete journey / stamina	Can't ge	et on / off transport						
Can't get to / from transport	Fear / a	Fear / anxiety						
What is your main disability? Please tick one box.								
AR Arthritic / Rhumatoid	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	Please indicate wheelchair type						
Can you transfer to a seat?	Yes No	Electric Manual Folding						
Can you use a taxi?	Yes No	Other						
Name of emergency contact person (neighbour / relative)								
Telephone: Work Home								
Do you have a bus pass?	Yes No B	us pass no.						
	E	xpiry date						
Please indicate what type								
National concessionary travel pa								
National concessionary travel pass for disabled people								
National concessionary travel pass concession plus for disabled people								

in a private and confidential manner. How did you find out about Ring & Ride? Leaflets Word of mouth **Health Centre** Radio Ring & Ride Vehicle Library Social Services **Bus Station** Internet Any other method (please specify) How would you describe your ethnic origin? A. White **B. Mixed Heritage** White British White & Black Caribbean White Irish White & Black African Any other white background (see F) White & Asian Any other mixed background (see F) C. Asian or Asian British Indian D. Black or Black British Pakistani Caribbean Bangladeshi African Any other Asian background (see F) Any other background (see F) E. Chinese or Chinese British F. Any other background Chinese Please specify **Data Protection** The data you provide on this form is used to provide Ring & Ride journeys. Transport for Greater Manchester (TfGM) processes your personal data and special category data because it is necessary to comply with our legal obligations under the Transport Act 1985. Information on exercising your rights under data protection law as well as more information about how we process your personal data can be found at www.tfgm.com/privacy-policy/customer-relations 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 If you are applying by post please return to: **Date** FREEPOST TfGM Ring & Ride, PO Box 429 Manchester M60 1HX

The information below will be retained by TfGM for monitoring only, not as a basis for registration, and will be treated



