

**Individual Membership Application Form**

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|  | **This form is available, on request, in a range of alternative formats.** |
|  | **Please contact us if you require any help completing this form.** |
|  | **Please read the Passenger Charter which has been provided along with the Individual Membership Application Form, before completing this form.** |

Please read the following criteria carefully to help you and Fermanagh Community Transport determine if you personally and or the person for whom you are the legal guardian is eligible to be considered for membership of the Rural Dial a Lift Service.

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| **Privacy Notice** |
| We take the protection and security of your personal and special category data extremely seriously. We will only ever collect data that is necessary and legitimate to enable us to deliver our transport service to you as a member. We are responsible for deciding how we hold and use personal information about you. We will use the personal information we collect about you to:   * Consider your application for community transport services.   • Provide you with community transport services if your application is successful.  • Comply with legal or regulatory requirements.  **If you fail to provide personal information**  If you fail to provide information when requested, which is necessary for us to consider your application, we will not be able to process your application successfully. For example, if you do not provide us with the information we need to assess your entitlement to community transport services, we will not be able to take your application further.  **Full Privacy Policy**  A copy of our full Privacy Policy is available on our website at [www.fermanaghcommunitytransport.com](http://www.fermanaghcommunitytransport.com) or upon request, this can be posted out to you. This document makes you aware of how and why your personal data will be used, namely for the purposes of providing Community Transport services, and how long it will usually be retained for. |

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| **Eligible Membership Criteria** |
| **Please ensure that each of the following apply to you.**  **This section will confirm if you are eligible to use the Rural Transport Fund Dial-a-Lift services.** |

* I live in a rural area outside of Enniskillen town
* I have difficulty accessing everyday services due to lack of transport
* I do not have access to a car
* I do not have access to public transport.

If you **do** have access to either a car or public transport but feel that you may still be eligible for membership, please provide supporting information in the box below.

**Important:**

**Members should note that should demand for Rural Dial-a-Lift services exceed the number of resources available, trips will be prioritised on the following basis:**

**To assist us please tick all statements that apply to you as an individual:**

* Older person (60+)
* Person with a disability
* Person with no access to suitable public transport – this is considered as
* being more than 1 mile from nearest bus stop
* being on a route that provides **less than** two return journeys per week between the hours of 10AM to 4PM: or
* being on a route that **only** provides services outside of the hours of 10AM to 4PM
* Person with dependants (dependants include children under 18, older people and dependants with disabilities)
* Other

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| Please provide details: |

**If the services are still over-subscribed, then other restrictions may apply.**

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| **Individual’s Personal Details** | | | | |
| **Please complete in BLOCK CAPITALS and answer all questions in full. Please tick the appropriate boxes, where indicated to do so.** | | | | |
| TITLE: MR | MRS  | MISS  MS  | OTHER |  **\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| FORENAME: |  |  |  |  |
| SURNAME: |  |  |  |  |
| ADDRESS: |  |  |  |  |
|  |  |  |  |  |
| POST CODE: |  |  |  |  |
| DATE OF BIRTH: |  |  |  |  |
| TELEPHONE NO: |  |  |  |  |
| MOBILE NO: |  |  |  |  |
| EMAIL ADDRESS: |  |  |  |  |

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| **SMARTPASS Information** | |
| SMARTPASS HOLDER? YES  NO  | |
| SMARTPASS TYPE: Senior  60+  Half Fare  War Disablement  Blind  | |
| SMARTPASS NUMBER:  SMARTPASS EXPIRY DATE: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | **/** |  |  | **/** |  |  |  |     **Note:**  **Please Ensure that Fermanagh Community Transport is advised of any changes to your SMARTPASS details**. |

**PLEASE NOTE THAT IT IS THE INDIVIDUAL’S RESPONSIBILITY TO ENSURE THAT THEIR SMARTPASS IS UP TO DATE AT ALL TIMES. IT IS A REQUIREMENT TO SHOW YOUR SMARTPASS TO THE DRIVER WHEN TRAVELLING WITH FERMANAGH COMMUNUITY TRANSPORT LTD ON EACH JOURNEY.**

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| **Emergency Contact & Emergency Contact Consent** | |
| **Please provide details of a relative, friend, neighbour, carer, or social worker who could be contacted on your behalf in the event of an emergency. It is important that you seek the permission of the named Emergency Contact before you provide their details below.**  NAME (in BLOCK CAPITALS):  RELATIONSHIP TO YOU:  LANDLINE TELEPHONE NO: MOBILE NO: EMAIL:  **Individual/ Guardian Declaration**   * **I *have/ have not* received the explicit consent of the individual named above to be my emergency contact** * **The individual named *has/ has not* given their consent for Fermanagh Community Transport to hold their contact details above for this purpose.**   **Signed: Dated:** | |

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| **Tell us about yourself** |
| **This section is used to help us understand your mobility needs and, to identify any possible assistance you might require when using our vehicles.**  **Please note that our staff will not enter your home / place of residence / destination, nor can they provide personal care.** |

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| **PLEASE TICK (✓) THE BOXES BELOW WHICH APPLY TO YOU.** | |
| 1a | I use a wheelchair: 🞎 |
| 1b | My wheelchair is a: Powered chair 🞎 Manual chair 🞎  Make: Model: |
| 1c | I use an electric scooter 🞎  Make: Model: |
| 1d | I can transfer from my wheelchair or electric scooter to a minibus seat 🞎 |
| 1e | I cannot transfer from my wheelchair or electric scooter to a minibus seat 🞎 |
| 1f | I use a walking aid (Please Tick ✓):  Walking stick 🞎  Crutch or crutches 🞎  Walking frame 🞎  3- or 4-wheel rollator 🞎  Wheeled shopping trolley 🞎  Other (please describe?) 🞎 |
| 2a | I require assistance getting from my front / back door to the vehicle 🞎 |
| 2b | I can walk up steps comfortably and easily by myself 🞎 |
| 2c | I need to use a passenger lift to access the mini-bus 🞎 |
| 2d | I can get into a car without any help or assistance. 🞎 |
| PLEASE NOTE, IT IS ESSENTIAL TO HAVE A HEAD REST AND FOOTREST ON YOUR WHEELCHAIR WHILST TRAVELLING ON OUR VEHICLES. THIS IS FOR YOUR SAFETY AND COMFORT. | |
| 3a | I have a medical certificate exempting me from wearing a seatbelt 🞎 |
| 3b | I enclose a photocopy of my certificate 🞎 |
| 3c | I can travel independently 🞎 |
| 3d | I require an essential companion(s) to travel with me. (Up to a maximum of 2). 🞎  If yes, please give reason. |

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| 4a | I have dependants who may travel with me, i.e. I am personally responsible for the care of a child, older person or a person with a disability. (*Please note that under 16s are not permitted to travel unaccompanied)*  If you have ticked the above question, please state how many: |
| 4b | I have an assistance dog 🞎 |
| 4c | I have a learning difficulty 🞎 |
| 4d | I have a hearing difficulty 🞎 |
| 4e | I have a visual disability 🞎 |
| 4f | I have a communication disability 🞎 |

**Please note that a risk assessment will be carried out by our organisation, as and when required, to ensure that you can travel safely in our vehicles.**

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| **What Do I Do Now?** |
| * If you are exempt from wearing a seatbelt, please ensure you have enclosed a copy of your exemption certificate. * Ensure your Emergency Contact has consented to their details being held by Fermanagh Community Transport Ltd, solely for the purposes of being contacted if we should need to contact them in an emergency. * Please ensure that you have completed the form and that you have signed and dated it overleaf. |

Please detail below any further relevant information which you feel we may need to know with regard to your travel needs: (In addition, could you please give us clear directions to your house which can be passed on to our driving team)

To assist us with market research, could you please tell us where you learned about Fermanagh Community Transport? Please write below:

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| **DECLARATION by Individual with Capacity** |
| This is a Fermanagh Community Transport individual membership application form. Membership will be based on the current information we hold for you and will continue until you inform us of a change of circumstances (e.g., change of address) or you wish to cancel. Fermanagh Community Transport reserves the right to cancel any membership in accordance with our Charter. This can be viewed by visiting our website at <https://www.fermanaghcommunitytransport.com>     * I have received, read and understood the organisations Passenger Charter and Guidelines. * I confirm that the information I have given is correct and that I am responsible for ensuring that Fermanagh Community Transport is kept informed of any relevant changes in my personal health or circumstances, such home address, contact telephone number, email address, emergency contact etc. * I understand that if I do not sign this form then Fermanagh Community Transport will be unable to process my application for membership. * I acknowledge the privacy notice.   I understand that by signing this form I agree to abide by the terms and conditions of individual membership set out by Fermanagh Community Transport and that all the information provided within this form is true and accurate. I understand that my membership can be refused or revoked if this information is incorrect, if I fail to inform Fermanagh Community Transport of any relevant changes to my personal health or circumstances or if I fail to comply with the terms and conditions of membership.  ***Applicant Signature*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **DECLARATION by Legal Guardian on behalf of Dependent without Capacity** |
| This is a Fermanagh Community Transport individual membership application form. Membership will be based on the current information we hold for your Dependent and will continue to hold until you inform us of a change in their circumstances (e.g., change of address) or you wish to cancel on their behalf. Fermanagh Community Transport reserves the right to cancel any membership in accordance with our Charter. This can be viewed by visiting our website at <https://www.fermanaghcommunitytransport.com>     * I have received, read and understood the organisations Passenger Charter and Guidelines. * I confirm that the information I have given is correct and that I am responsible for ensuring that Fermanagh Community Transport is kept informed of any relevant changes in my Dependent’s personal health or circumstances, such as home address, contact telephone number, email address, emergency contact etc. * I understand that if I do not sign this form then Fermanagh Community Transport will be unable to process my Dependent’s application for membership. * I acknowledge the privacy notice.   I understand that by signing this form I agree to abide by the terms and conditions of membership set out by Fermanagh Community Transport and that all the information provided within this form is true and accurate. I understand that my Dependent’s membership can be refused or revoked if this information is incorrect, if I fail to inform Fermanagh Community Transport of any relevant changes to my Dependents personal health or circumstances or if they fail to comply with the terms and conditions of membership.  If you are signing on behalf of the applicant, please print your name and relationship to them: e.g., friend / relative. **It is important that the individual signing on behalf of the individual has the authority to do so, such as holding power of attorney or being the designated appointee/ guardian.**  Name: Relationship to Individual named on front page:  Landline Telephone Number: Mobile Number:  Please tick if you have received, read and understood the organisation’s Passenger Charter and Guidelines. ****  ***Legal Guardian Signature*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Confidential & Anonymous Equality Monitoring Form**

Please note that a confidential and an anonymous Equality Monitoring Form will be posted out to you when you return your completed application form to us. It does not ask you to give your name or address. You are not obliged to answer the questionnaire, but we would appreciate your response in the stamped address envelope so that we can continue to monitor our membership in terms of representativeness of the wider community within Fermanagh, and to report to our funders in relation to Section 75 requirements etc. We will not be able to link the answers given by you on the Equality Monitoring Form to your original individual member application form. All responses will be brought together and presented to the Board of FCT and our funders.

We would be grateful if you could complete and return the form after it arrives with you.

Thank you very much for your kind co-operation and assistance.

Return the completed form to the address below:

Fermanagh Community Transport

Unit 42 Enniskillen Business Centre, Lackaghboy Industrial Estate

Tempo Road, Enniskillen, Co. Fermanagh, BT74 4RL Telephone: 028 66 324260

E-mail: [info@fermanaghcommunitytransport.com](mailto:info@fermanaghcommunitytransport.com); Website: [www.fermanaghcommunitytransport.com](http://www.fermanaghcommunitytransport.com/)

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|  | **FOR OFFICIAL USE ONLY** | | | | | | |  | | |
| Issue Date: |  | | | Guidelines: | |  | | Initials: | |  |
| Comp. Entry | Date: |  | | Completed By: | |  | | Membership No: | |  |
| Renewal Date | : | |  | | Completed By: | |  | |  | |