



Hinckley & Bosworth Community Transport (Dial a Ride)

Registration Form

Personal Information

Full Name:	Date of Birth:	
Address:		
Postcode:	Telephone No:	
Email Address:		
Emergency Contact Details (nex	of kin/neighbour/friend):	
Name: Relationship:	Telephone No:	
Do you use any walking aids? (w	alker, wheelchair etc)	
Do you have any medical conditi	ons that may affect you using the scheme?	
Name of G P Surgery:		
Do you receive Direct Payments	or a Personal Budget? Yes / No	
Do you drive or have access to a	car?	
Reason vou cannot use public tra	ansport (please tick appropriate box or boxes)	
Walking difficulties	Mental health	
Wheelchair user	Physical health	
Sensory difficulties	Frail elderly	
Physical difficulties	Illness	
Learning difficulties	Other (please specify)	
The Information provided is giv	ommunity Transport scheme? en to the best of my knowledge. I consent to Hinckley & Boswo information electronically whilst I am using the service and can withd	orth
	inform Hinckley & Bosworth Community Transport of any change	

Signed: _____ Date: _____ Date: _____ Please Return to: Hinckley & Bosworth Community Transport, (Dial a Ride) Hinckley Health Centre, Hill Street, Hinckley, Leics, LE10 1DS or email enquiries@handbct.org.uk If you have any queries with regard to this form please do not hesitate to contact us on 01455 250462

Please turn over and tick the appropriate box for ethnic origin.





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Registration Form Personal Information

Please tick the appropriate box:

I would describe my ethnic origin as:

White British

White Irish

Uther White background

Mixed: White and Black Caribbean

→ Mixed: White and Black African

→ Mixed: White and Black Asian

Any other mixed background

Asian or Asian British: Indian

Asian or Asian British: Pakistani

Asian or Asian British: Bangladeshi

Any other Asian Background

Black or Black British: Caribbean

Black or Black British: African

____ Other Black Background

Chinese or other ethnic: Chinese

Any other Ethnic Group