

NAME Mr Mrs Ms Miss

ADDRESS _____

_____ **POSTCODE** _____

TELEPHONE _____ **DATE OF BIRTH** _____

MOBILE _____ **EMAIL** _____

WHEELCHAIR USER No Yes : Manufacturer _____ Model _____

ETHNIC ORIGIN (please tick - optional)

Bangladeshi Black African Black Caribbean Black (other) Chinese Indian Pakistani
 White (including UK) Other (please specify)

NATURE OF YOUR DISABILITY _____

YOUR TRAVEL NEEDS/EQUIPMENT/MEDICATION/ESCORT _____

EMERGENCY CONTACT

Name _____ Telephone _____

Mobile _____ Relationship _____

I apply to register with Norwich Door to Door and agree to abide with its conditions of registration and carriage. I agree to my details being kept on record by Norwich Door to Door and all information I give will remain confidential in accordance with the Data Protection Act 1994. A copy of Norwich Door to Door's conditions of carriage and registration is available in multiple formats on request.

SIGNATURE _____ **DATE** _____

Please note Door to Door service reserves the right to refuse or defer an application for registration, to ask for additional information in support of an application, or cancel any existing registration at the at the discretion of Norwich Door to Door.

Please send this form in a sealed envelope with a cheque or postal order for your annual Registration fee of £15 made payable to Norwich Door to Door, to the following address:

Registration Department
 Norwich Door to Door
 Room 2.19 Woodlands
 Norwich Community Hospital
 Bowthorpe Road
 Norwich NR2 3TU