

**TITLE** Mr  Mrs  Ms  Miss

**FORENAME** \_\_\_\_\_ **SURNAME** \_\_\_\_\_

**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