Hatch CCS

PASSENGER REGISTRATION FORM

Passenger Name:	
Address:	
Telephone Numbers:	Home: _____ Mobile: _____
Email:	
Age:	
Risk Assessment	Does passenger need assistance getting to/from or in/out of the vehicle? Yes Does passenger travel with an assistant? Yes Does passenger need to sit in the front seat of the car? Yes Does passenger use mobility aid? (eg folding wheelchair, walking frame) Yes *If yes, please specify*_____ Does the passenger have a blue badge? Yes Has the Client got any health problems that the car scheme should be aware of? (eg seeing, speaking, hearing, memory) *If yes, please specify*_____ _____ _____
Entitlement to Concessionary Fares:	To enable the scheme to offer a Somerset County Council discount on the fare, the passenger must be a Somerset resident in possession of a Somerset issued concessionary bus pass. *If yes, please provide pass number: (Prefix)* **633597 0189** _____ *Name on pass if different to above:* _____ *Expiry date on pass:* _____
I agree to advise the car scheme secretary if any of the above details change	
Signed:	
Printed:	
Date:	

PLEASE NOTE THAT YOUR PERSONAL DATA ARE HELD BY US FOR THE PURPOSE OF ADMINISTERING THE COMMUNITY CAR SCHEME. WE MAY SHARE THESE DETAILS WITH THIRD PARTIES FOR THE PURPOSE OF PROCESSING. YOU HAVE THE RIGHT TO REVIEW, AMEND OR HAVE YOUR DATA DELETED BY CONTACTING hatchccs@gmail.com