

Title/Prefix:

First Name:

Surname:

Date of birth:

Address:

Home telephone:

Mobile:

Please give details of at least one person we can contact in an emergency. These can be relatives, friends, carers or neighbours.

Name:

Name:

Relationship:

Relationship:

Number:

Number:

Which type of travel pass do you have?Senior Disabled Disabled+companion Blind None*

*Please note a fare is payable if you do not have one of the passes shown above.

Do you require a companion/carer to travel with you? Yes No Are you? Hearing Impaired Deaf Partially Sighted Blind **Will you be using any of the following when you travel on the AccessBus?**Walking Frame Wheeled Walker Shopping Trolley Oxygen Assistance Animal Manual Wheelchair Electric Wheelchair, please specify make and model _____Other, please specify _____**If you use a wheelchair, can you transfer to a seat?** Yes No N/A **Are there any other requirements/health conditions we should be aware of that may affect you whilst travelling on the AccessBus, e.g. epilepsy, dementia, COPD?:****Signed:****Date:**

Send your completed application form to:
AccessBus, 40-50 Wellington Street, Leeds, LS1 2DE
Or email to: Accessbus@westyorks-ca.gov.uk