

Application Form – Please as appropriate

PART E

TO BE COMPLETED IN ALL CASES

Upon receipt of your application our staff will contact you to arrange a visit to explain how to use our service. If you do not require a visit please tick this box

I wish to apply for membership of Order of Malta **Dial-a-Journey** and confirm that **I am registered blind** OR that **I am unable to use ordinary public transport** due to a mobility problem which seriously impairs my ability to walk. I understand that the Council may wish me to undergo an assessment by an Physiotherapist/Occupational Therapist. I understand that this assessment information may be passed to Social Work Services. I agree that the Council may contact my doctor for information. I agree to abide by the conditions of the scheme and, in particular, will not allow anyone else to use my **Dial-a-Journey** membership.

Signed Date

I enclose - Proof of eligibility (where applicable)

Please return this form to the local Council (see below) which covers the area in which you live

If you are a visitor to the area send this form direct to Dial-a-Journey.

**Dial-a-Journey, 3 Cunningham Road, Springkerse Industrial Estate,
STIRLING FK7 7SW (01786) 465355**

**Clackmannanshire Council Roads, Traffic and Transportation
Kilncraigs, Greenside Street, Alloa FK10 1EB (01259) 450000**

**Falkirk Council Transport Planning Unit, Abbotsford House, David's Loan,
FALKIRK FK2 7YZ (01324) 504725/506420**

**Stirling Council Transport Co-ordination Centre, Stirling Bus Station,
Goosecroft Road, STIRLING FK8 2PF (01786) 442704**

Office Use Only

Date Recd. _____ Date in System _____ Staff Member _____

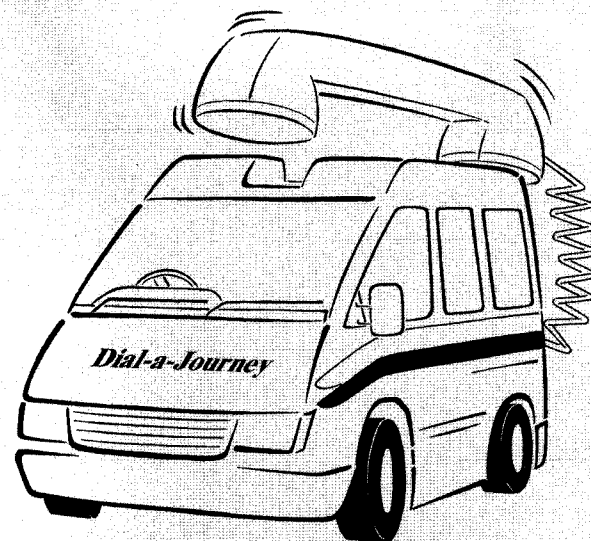
Council Code _____ D.A.J. Membership No. _____

DAJAPP2

Dial-a-Journey

**A door to door transport service for
people with mobility problems
who cannot use ordinary public transport**

Application form for Dial-A-Journey



**Dial-a Journey,
3 Cunningham Road, Springkerse Industrial Estate
STIRLING FK7 7SW
(01786) 465355**

Supported by



Application Form – Please as appropriate

PART A

Title Mr Mrs Miss Ms Other (please state)

Full Name

Address

Postcode

Tel.

Date of Birth

Are you a visitor to the area? Yes No

Have you lived at this address for the past three years?
(if 'no' please give previous address below) Yes No

Please give details of someone we can contact in an emergency

Name Tel.

PART B

Are you a registered blind person
If **Yes**, please attach evidence of registration. Yes No

PART C

Doctors Name

Surgery Address

Tel.

What is the nature of your mobility impairment?

Application Form – Please as appropriate

PART D

To assist our staff to plan your journey, please give the following information

Are you likely to use any of the following mobility aids when travelling with Dial-a-Journey?

Manual Wheelchair Manual Sports Chair

Electric Wheelchair Walking frame

Scooter Guide Dog

Do you use any other mobility aid not listed or that requires special transport arrangements such as buggies or any other specialised equipment? Please give details below.

Can you transfer from your wheelchair to a vehicle seat?

Yes No

Will you normally take an escort with you?

Yes No

Is there ramped access to your home? (If not please state the number of steps from your home to ground level)

Yes No Number of steps

Do you know of any destination you are likely to go that does not have ramped access or a maximum of 3 steps? Please give details.

It is a requirement that all passengers wear a seat belt. If you have a valid exemption certificate please enclose a copy.

Certificate enclosed? Yes No

Please turn to **Part E** overleaf →