



UNIT 2, THE CHILTON CENTRE, MARTINS ROAD,
SUDBURY, SUFFOLK, CO10 2FT

“GOSTART” AND DIAL-A-RIDE REGISTRATION FORM

Thank you for applying to be registered to use services provided by “GOSTART”, including Dial –a-Ride in the Sudbury area. Please complete and sign this form before returning it to the “GOSTART” office at address given above.

FULL NAME:

ADDRESS:

POST CODE:

TELEPHONE NUMBER:
EMERGENCY PHONE NUMBER: *(a relative or friend)*

Please answer the following questions by ringing relevant answer in the box next to each question. Any information provided will be kept secure and in strict confidence. Details will not be used for purposes other than in connection with transport services provided by “GOSTART”.

- Do you have any physical or sensory disability..... Yes No
- Do you need to use a wheel chair..... Yes No
- If you use a wheel chair is it an electrically powered chair..... Yes No
- Do you use a walking stick or walking aid/frame..... Yes No
- Are you able to walk to nearest bus stop..... Yes No
- Are you able to board a bus without assistance..... Yes No
- Do you need to have a carer or escort when you go out..... Yes No
- Do you live in a place with infrequent or no bus service..... Yes No

If you have any mobility or other problems not detailed above, which limit or restrict your ability to get out and about, please provide information here:

I wish to be registered as a user of “GOSTART”

SIGNED.....DATE.....

If you are unable to sign, a neighbour or friend may sign it on your behalf