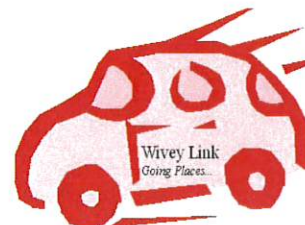


# Wivey Link

A Division of the Wiveliscombe Area Partnership a Registered Charity



## Wivey Link Registration Form

Title:.....Surname:.....First Names:.....

Address:.....

Postcode:.....Tel/Mob:.....:

Date of Birth:.....email.....

Emergency Contact Details of Relative or Friend:

Name:.....Telephone Number:.....

Do you have a Bus Pass: YES NO Number: (Last 8 Digits).....Expiry Date.....

Are you registered disabled: YES NO

Do you suffer from diabetes: YES NO Epilepsy: YES NO

Do you use any of the following: (Please tick)

WHEELCHAIR

(Please note wheelchairs must be assessed by one of our drivers for suitability to go on our vehicles; Our assessment does not take into account the wheelchair's roadworthiness or suitability for the user, this is the sole responsibility of the wheelchair user.)

GUIDE DOG

SHOPPING TROLLEY

WALKING STICK

ZIMMER FRAME

PUSHCHAIR

BABY OR TODDLER

ESCORT CARER

OTHER (Please specify).....

I apply to register with Wivey Link and agree to abide by its conditions of registration and carriage.

Signed.....

Registration Fee £15.00. Date paid.....



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Website: [www.wiveylink.co.uk](http://www.wiveylink.co.uk)

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Supported by Somerset County Council, Taunton Deane Borough Council & Wiveliscombe Town Council.