

# Greater Manchester Accessible Transport Limited

## REGISTRATION FORM



FOR OFFICIAL USE ONLY						
<b>REGISTRATION No.</b>						
REASONS FOR A / E						

NAME	
ADDRESS	
off	
DISTRICT	
POST CODE	
TEL. No.	

APPLICATION DATE	
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DATE OF BIRTH	
SEX	M / F

WHAT DIFFICULTY DO YOU HAVE USING ORDINARY BUSES?

WHAT IS YOUR MAIN DISABILITY?

DO YOU USE A WHEELCHAIR?	YES / NO
CAN YOU TRANSFER TO A SEAT?	YES / NO
CAN YOU USE A TAXI?	YES / NO

PLEASE INDICATE WHEELCHAIR TYPE
ELECTRIC/MANUAL/FOLDING/OTHER
IF OTHER, SPECIFY:

NAME OF EMERGENCY CONTACT	
PERSON ( NEIGHBOUR / RELATIVE)	
ADDRESS OF CONTACT	
TEL No. WORK	HOME

DO YOU HAVE A BUS PASS?	YES / NO	BUS PASS No.	
WHAT TYPE? eg OAP/BLIND etc		EXPIRY DATE	

HOW DID YOU FIND OUT ABOUT RING & RIDE?	
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**P.T.O**

The information below will be retained by G.M.A.T.L. for monitoring only, and not as a basis for registration. The information will be treated in a private & confidential manner.

**How would you describe your ethnic origin?**

**A. White**

White British   
White Irish   
Any other White background (see F)

**B. Dual Ethnicity**

White & Black Caribbean   
White & Black African   
White & Asian   
Any other mixed background (see F)

**C. Asian or Asian British**

Indian   
Pakistani   
Bangladeshi   
Any other Asian background (see F)

**D. Black or British**

Caribbean   
African   
Any other black background (see F)

**E. Chinese or Chinese British**

Chinese

**F. Any other background**

Please specify.....  
.....

**DATA PROTECTION**

GMATL will not disclose this information to any other persons or organisations except within GMATL. GMATL registered charity No 1007487 complies with the data protection act 1998 and uses the law to protect your information.

If you do not want us to contact you in the future about Ring & Ride events please tick the box.

**DECLARATION** I confirm that the above details are correct and that I need to use Ring & Ride because I have great difficulty using buses, trains & trams

I will inform Ring & Ride if there is any change in my circumstances which affects my eligibility to use the service

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
COUNTER SIGNATURE \_\_\_\_\_ POSITION \_\_\_\_\_

**IF YOU ARE APPLYING BY POST PLEASE RETURN TO:**

**GMATL is funded by Greater Manchester Integrated Transport Authority.**