



Cardigan area Dial-A-Ride REGISTRATION FORM

Title: Mr / Mrs / Miss / Ms

Surname

Forenames

Full Address

.....

Postcode

Phone Number home

mobile

Date of Birth

Concessionary Travel Pass Number:
(last six digits only)

We will look up your Pass Number on our system to check that you don't regularly use a conventional bus service. Remember that the Cardigan area Dial-A-Ride is for people who are unable to use the bus.

If you do not yet have a Concessionary Travel Pass and would like more information about how to apply, please tick here

Please tell us why you have difficulty in using the bus:

.....
.....
.....
.....

Continued Overleaf

Consent to contact your doctor:

We may need to contact your GP/Consultant for confirmation that your medical condition makes it difficult or impossible for you to travel by bus.

We will only contact your doctor if there is doubt about whether you are eligible for the Cardigan area Dial A Ride scheme. Your doctor will not be asked to disclose any personal details about your medical condition.

Please supply your Doctor's details below:

GP/Consultant's Name

Full Address

.....

..... Postcode

Declaration:

I hereby apply to register for the Cardigan Dial-A-Ride scheme. I give permission for Age Concern Ceredigion to obtain information from my GP/Consultant regarding my ability to make use of bus services.

Your signature

Date

**Please return your completed form to Age Concern Ceredigion,
High Street, Cardigan.**

The information that you have given on this form will be used only in connection with the Cardigan area Dial-A-Ride scheme and will not be shared with anyone else. We may contact you from time to time to ask for your feedback about the service, and to provide information about other community transport services which may be of interest.

If you would prefer not to be contacted, please tick here

Caniatâd i gysylltu â'ch Meddyg:

Efallai y bydd rhaid inni gysylltu â'ch Meddyg/Meddyg Ymgynghorol er mwyn cadarnhau bod eich tostrwydd yn ei gwneud hi'n anodd neu'n amhosibl ichi deithio ar y bws.

Dim ond pe bai amheuaeth ynghylch a ydych yn gymwys ar gyfer y cynllun Aberteifi ac ardal galw-am-reid y gwnawn ni gysylltu â'ch doctor. Ni fydd gofyn i'ch doctor ddatgelu unrhyw fanylion personol am eich cyflwr meddygol.

Byddwch cystal â doddi manylion eich meddyg isod:

Meddyg Teulu/Meddyg Ymgynghorol

Cyfeiriad Llawn

.....
Côd Bost

Datganiad:

Rwyf trwy hyn yn gwneud cais am gofrestru ar gyfer cynllun Aberteifi ac ardal galw-am-reid.. Rhoddaf fy nghaniatâd i Age Concern Ceredigion gael gwybodaeth gyda fy Meddyg Teulu/Meddyg Ymgynghorol ynghylch fy ngallu i ddefnyddio gwasanaethau bws.

Eich llofnod:

Dyddiad:

Byddwch cystal â dychwelyd eich ffurflen wedi'i llanw at Age Concern Ceredigion, Aberteifi,

Bydd yr wybodaeth a roddwyd gyda chi ar y ffurflen hon yn cael ei defnyddio mewn perthynas â chynllun Aberteifi ar ardal Galw-am-Reid yn unig ac ni chaiff ei rhoi i neb arall. Efallai y byddwn yn cysylltu â chi o dro i dro er mwyn eich holi am wasanaethau cludiant cymunedol eraill a allai fod o ddiddordeb ichi. Os hoffech inni beidio â chysylltu â chi yn y modd yma, ticiwch yma os gwelwch yn dda:



Ffurflen Gofrestru

Aberteifi ac ardal galw-am-reid



AGE
Concern

Teitl: Mr/Mrs/Miss/Ms

Cyfenw

Enwau Cyntaf

Cyfeiriad Llawn

.....

..... Côt Post

Rhif Ffôn

Rhif Ffôn Symudol

Dyddiad Geni

Rhif Cerdyn Teithio Rhatach:
(y chwe digid olaf yn unig)

Fe wnawn chwilio am eich Rhif Tocyn Teithio Rhad ar ein system er mwyn sicrhau nad ydych yn defnyddio gwasanaeth bws arferol yn rheolaidd. Cofiwch taw ar gyfer pobl na allant ddefnyddio'r bws y mae Cerbyd y Dref.

Os nad oes Tocyn Teithio Rhad gyda chi hyd yma ac yr hoffech gael rhagor o wybodaeth am sut i ymgeisio am un, ticiwch yma os gwelwch yn dda

Byddwch cystal â dweud pam eich bod yn cael anhawster defnyddio'r bws: