



**AGE**  
*Concern*

**Cardigan area Dial-A-Ride  
REGISTRATION FORM**

Title: Mr/ Mrs / Miss/ Ms .....

Surname .....

Forenames .....

Full address .....

.....

..... Postcode .....

Phone Number ..... mobile .....

Date of birth .....

Concessionary travel pass number .....

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 normal public transport.

If you do not yet have a Concessionary Travel Pass and would like more information please tick here

Please tell us why you have difficulty using the bus:

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.....

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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 name .....

Full address .....

.....

..... Postcode .....

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### 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  
PRTA, The Old School, Bwlchygroes, Llanfyrnach, Pembrokeshire. SA35  
0DP

The information that you have given on this form will be used only in connection with the Cardigan 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