

Registration form for West Somerset Slinky Bus



Full Name: _____

Address: _____

Postcode: _____

Telephone Number/s: _____

Date of Birth: _____

English National Concessionary Travel Scheme or County Ticket Bus Pass Number:

Expiry Date for Concessionary Travel Scheme or County Ticket Bus Pass:

Please Note - only those clients who do not have access to a public bus service or use of a vehicle or are unable to access a public bus due to a disability will be eligible for the Slinky service.

1. Do you have access to a local bus route?
☐ Yes ☐ No
2. Do you have access to a car?
☐ Yes ☐ No
3. Do you consider yourself to have a disability or long term health condition that would prevent you accessing a public bus service if one is available?
☐ Yes ☐ No
4. What is the nature of your disability / health condition? Please provide information in the comment box below.

Would you have any of the following with you when travelling?

Manual Wheelchair ☐ Electric Wheelchair ☐ Pushchair ☐
Carer ☐ Guide Dog ☐ Support Frame ☐
Scooter ☐ Shopping Trolley ☐

Please give the name and telephone number of a friend or relative that can be contacted in case of an emergency.

Name:

Telephone Number/s:

I apply to register with West Somerset Slinky and agree to abide by its conditions of registration and carriage.

Signature:

Date:

Please be advised that by signing this document you declare that the information you have provided is accurate and you are the individual it relates to. Providing false information is fraudulent and could lead to being barred from using the service. If any of your circumstances above change please contact the provider to update your details as failure to do this could result in you being barred from the service if you are no longer eligible.

Would you like to register for the other community transport that is provide by Accessible Transport West Somerset (please tick the services you would like to sign up for):

- ☐ Atwest shopper buses
- ☐ Travel Club

Please send completed forms to the address below:

**Accessible Transport West Somerset
Brunel Way
Minehead
Somerset
TA24 5BY**

Any questions please contact the provider on:

Telephone Number: 01643 707090

E-mail: customerservices@atwest.org.uk

Website: www.atwest.org.uk

Accessible Transport West Somerset



General Data Protection Regulation (GDPR)

Important Legal requirement

New data protection legislation comes into force on 25th May 2018, which aims to protect the privacy of all EU citizens and prevent data breaches. ATWEST are committed to delivering a professional transport service for you and for us to be able to do this, as well as comply with the new legislation, we need to inform you of what data we hold for you, and how we will or will not use it.

Please read the following information and confirm below that you consent to us using your data as outlined below by returning this document to ATWEST'S office by post or in person.

Your data we currently hold in our management system is as follows:

Full name, address, telephone number, birth date, bus pass number and some health related data such hearing or sight capability, whether you use a walking frame, a stick or wheelchair. **Without this information we cannot supply you with your transport needs such as Slinky bus, Travel Club and Shopping bus.**

We will not sell this information however we have to share it with associates such as Somerset County Council to enable us to claim your Concession and our computer programme supplier to administer the services we provide. All data is stored on secure password protected computers.

When information is processed through our system a drivers job sheet is generated for your driver. When his shift is complete the job sheet is stored safely for a legal requirement of 7 years after which they are shredded.

You have the right to see what information we keep about you and you have the right to make us remove your information. **We need your permission to continue holding your data to be able to continue providing your transport needs.** Please use the cut off section below and post or deliver it to us to our address at the bottom of the page.

Authorisation/acceptance

I (full name).....authorise and accept that any data I provide/have provided to ATWEST for the purpose of providing transport can and will be used for the reasons outlined in this correspondence

Signature

Date.....