



## Passenger Application Form

# Voluntary Community Transport Service

If you have any questions, please contact us:

**Phone:** 227470 or **Email:** [transport@healthconnections.gg](mailto:transport@healthconnections.gg)

### About you:

Full name:

Date of birth:

Telephone number:

House name/number:

Postcode:

Email address:

### Emergency Contact:

Your emergency contact should be a family member, friend or care worker that we could contact easily in the event of an emergency.

Contact name

Relationship

Telephone number:

## Information:

Are you currently receiving HSC treatment or support? Yes ☐ No ☐

Are you able to get into a low or high seated vehicle unaided? Yes ☐ No ☐

Are you able to get into the rear of a two door car unaided? Yes ☐ No ☐

Are you currently receiving help from social security to meet your transport needs? Yes ☐ No ☐

If no, please explain if you have previously applied and been refused?

Are you requesting this service as a short term support while you are receiving care or recovering from ill health? Yes ☐ No ☐

If yes, please provide details of the types of trips you may need and for how long you anticipate needing this support?

Are you able to use public transport?

If no, please provide further detail: Yes ☐ No ☐

Are you able to use a private taxi? If no, please provide further details?

## Information continued

Do you have any health issues that we or the drivers need to be aware of in case of an emergency? Yes ☐ No ☐

Do you have any mobility issues or do you use mobility aids? Yes ☐ No ☐

If yes, please provide further detail e.g. folding walker, crutches.

Have you completed this form on behalf of someone else? Yes ☐ No ☐

If you have completed this form on behalf of the service user, please provide your name and contact info below:

Name:

Contact:

## Consent

I consent to the use and processing of my personal data. ☐

## Consent continued

I consent to Health Connections contacting third parties involved in my transport.

☐

*You can view our data protection policy and contacting third parties policy on our website: [www.healthconnections.gg](http://www.healthconnections.gg)*

Please tick the box if you wish to receive a copy by post.

☐

Signature:

Date: