

Application Form - Please as appropriate

PART E

TO BE COMPLETED IN ALL CASES

- I do not hold a Council Concessionary Travel Pass, or
- I return my Council Concessionary Travel Pass with this application, or
- I am registered blind and retain my Concessionary Travel Pass.

I wish to apply for membership of Order of Malta **Dial-a-Journey** and confirm that **I am registered blind** OR that **I am unable to use ordinary public transport** due to a mobility problem which seriously impairs my ability to walk. I understand that the Council may wish me to undergo an assessment by an Physiotherapist / Occupational Therapist. I understand that this assessment information may be passed to Social Work Services. I agree that the Council may contact my doctor for information. I agree to abide by the conditions of the scheme and, in particular, will not allow anyone else to use my **Dial-a-Journey** membership.

Signed Date

- I enclose - Proof of eligibility (where applicable)
 Existing Travel Pass (where applicable)

Please return this form to the local Council (see below) which covers the area in which you live.

If you are a visitor to the area send this form direct to Dial-a-Journey.

**Dial-a-Journey, Unit 7, 9 Munro Road, Springkerse Industrial Estate,
STIRLING FK7 7XQ (01786) 465355**

**Clackmannanshire Council Transport Unit, Lime Tree House, Castle Street,
ALLOA FK10 1EX (01259) 452542**

**Falkirk Council Transport Planning Unit, Abbotsford House, David's Loan,
FALKIRK FK2 7YZ (01324) 504725/506420**

**Stirling Council Transport Co-ordination Centre, Langgarth Huts, Viewforth,
STIRLING FK8 2ET (01786) 442704**

Office use only

Date Recd. _____ Date in System _____ Staff Member _____

Council Code _____ D.A.J. Membership No. _____

DAJAPP2

Dial-A-Journey

A door to door transport service for people with mobility problems who cannot use ordinary public transport

Application form for *Dial-A-Journey*



**Dial-a-Journey,
Unit 7, 9 Munro Rd, Springkerse Industrial Estate, STIRLING
FK7 7XQ
(01786) 465355**

Supported by



Application Form - Please as appropriate

PART A

Title Mr Mrs Miss Ms Other (please state)

Full Name

Address

Postcode

Tel. Date of Birth

Are you a visitor to the area? Yes No

Have you lived at this address for the past three years?
(if 'no' please give previous address below) Yes No

Please give details of someone we can contact in an emergency.

Name Tel.

PART B

Are you a registered blind person? Yes No

If Yes, please attach evidence of registration.

PART C

Doctors Name

Surgery Address

Tel.

What is the nature of your mobility impairment?

Application Form - Please as appropriate

PART D

To assist our staff to plan your journey, please give the following information

Are you likely to use any of the following mobility aids when travelling with Dial-a-Journey?

Manual Wheelchair Manual Sports Chair

Electric Wheelchair Walking Frame

Scooter Guide Dog

Do you use any other mobility aid not listed or that requires special transport arrangements such as buggies or any other specialised equipment? Please give details below.

Can you transfer from your wheelchair to a vehicle seat?
Yes No

Will you normally normally take an escort with you?
Yes No

Is there ramped access to your home? (if not please state the number of steps from your home to ground level)
Yes No Number of steps

Do you know of any destination you are likely to go that does not have ramped access or a maximum of 3 steps? Please give details.

It is a requirement that all passengers wear a seatbelt. If you have a valid exemption certificate please enclose a copy.
Certificate enclosed? Yes No

Please turn to **Part E** overleaf →