



COMMUNITY PARTNERSHIP



Welcome to Bluebird Community Transport. Thank you for joining our community transport service. Overleaf is a form that needs to be completed for us to process your membership.

No membership fee is required, however, as a registered charity a donation is always gratefully received with thanks. If you wish to make a voluntary donation, you may do so using the form below. A one-off donation is lovely, but if you wish to make a small regular donation (perhaps £2 a month) you can fill out and return the standing order form. Of course, if you wish to make a larger donation that would be wonderful.

To make a **one-off donation**, please make a cheque out to Community Transport Sussex and return it to our address.

To make a **regular donation**, please fill in the standing order form below and send it directly to your bank.

If you want to make either kind of donation, please also fill out the **Gift Aid** slip enclosed

Standing Order Form

To The Manager (Your Branch Address)

_____ Post Code: _____

I hereby authorise and request you to debit my account

Account Name: _____

Account Number

Sort Code

The Amount Of

-

£

Monthly

And Credit:

Community Transport Sussex - Account no: 00029230 – Sort Code: 40-52-40

Name (Block Capitals)

Date

Signed

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Please also complete the **Gift Aid** slip enclosed. Thank you for your generosity
Please return this form to your own bank so that they may set up your standing order. Standing Orders have to be processed by the individuals own bank and not the receiver of the donation. Many thanks.



Registration Form



Starred (*) Fields are mandatory to fill in

*Title: _____

*Full Name: _____

*Address _____

*Post Code: _____

*Do you live alone? (Circle the appropriate) Yes / No / Prefer not to say

*Home Phone: _____

Mobile: _____

Email Address: _____

*Gender: _____

*Date Of Birth ____ / ____ / ____

*Emergency Contact Name & Relation _____

*Home Phone: _____ *Mobile _____

2nd Emergency Contact Name & Relation _____

* Home Phone: _____ *Mobile _____

What is the main reason for your application? (Please circle)

Age Area/ Rural Disability Universal Credit Registered Disabled

Other (please specify) : _____

Where did you hear about us?

What is the main reason for using the service? Eg. Medical Appointments, Leisure, Shopping

Additional Information If you are willing, we would be grateful if you could provide us with additional information. This can help us with grant funding, enable us to provide services to those who need it most & establish equality for all. This section is not mandatory but very helpful.

Please tick the appropriate boxes.

Housing		Employment	
Home Owner		Employed Full Time	
Council Rented		Employed Part Time	
Private Rented		Retired	
Homeless		Unpaid / Voluntary	
Assisted Living / Care Home		Unemployed	
Other (Please Specify Below)		Unable To Work	
		Student	
		Full-Time Parent	

Ethnicity

White British		White & Asian	
White Irish		Arab	
White Gypsy / Irish Traveller		Bangladeshi	
Any Other White Background		Chinese	
White & Black African		Indian	
White & Black Caribbean		Pakistani	
African		Any Other Asian Background	
Caribbean		Any Other Mixed Background	
Any Other Black Background		Any Other Ethnic Group	

Disabilities – So that we can make sure we have the best support in place for you and that you can travel comfortably, please tick any of the applicable/current disabilities.

It is not mandatory that you complete this section.

- Alzheimer's / Dementia
- Cancer
- Epilepsy
- Hearing Difficulties
- Heart Condition

- Hemiplegia / Stroke
- Learning Difficulties
- Downs Syndrome
- Mental Health / Anxiety / Phobia

Any Other Information We Should Know? - Mobility
 Eg. Medical issues, Access To Property Instructions, Additional Travel Requirements

Mobility Aids, please select the aids you will be traveling with – THIS SECTION IS MANDATORY

- **Electric Wheelchair**
- **Manual Wheelchair**
- Frame / Rollator
- Scooter
- Shopping Trolley
- Walking Stick
- Crutches
- Escort / Carer / Assistant

Wheelchair Users

Can you transfer?

Do you wish to ~~travel within your W/C~~
 Yes No

*If yes, please note the Make & Model below.

PLEASE NOTE

**If you use an electric scooter you will need to be able to transfer to a bus seat once you have boarded the vehicle. The scooter can be transported with you to your destination.
 If you use a wheelchair, it is possible for you to remain in the chair if you are unable to transfer to a seat however the wheelchair must have been Crash Tested by the manufacturer.**

Journey payment: Cash on the day of travel

However, if you wish to be invoiced call **01444 471919** or fill in the details below:

Name of payee:

Email:

Contact Number:

SEND TO

Bluebird Community Transport
 Wivelsden Farm
 North Common Road
 North Chailey



East Sussex
BN8 4EH

Or email to:
enquiry@ctsussex.org.uk

* I confirm that I have read & understood the information contained in this letter and that all information given by me is true and correct.

In this pack, you are being asked to submit personal information about yourself (e.g. name and e-mail address) in order to receive or use our services. These include all the services available to members of CT Sussex (Bluebird Community Transport). By entering your details in the fields requested; you enable CT Sussex to provide you with the services available to members. Any personal information you provide to us will only be used by us, our agents, and service providers, and will not be disclosed unless we are obliged or permitted by law to do so.

If not signed by the passenger, please note name & relation

Signed _____

Date _____

Charity Gift Aid Declaration – multiple donation

Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation you must tick the box below:

I want to Gift Aid my donation of £_____ and any donations I make in the future or have made in the past 4 years to:

Name of Charity _____

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

My Details

Title _____ First name or initial(s) _____

Surname _____

Full Home address _____

Postcode _____ Date _____

Please notify the charity if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

CT Sussex Head Office, Wivelsden Farm, North Common Road, North Chailey, Lewes, East Sussex, BN8 4EH
CIO Company Charity Number 1165527 Vat Registration No 247816186
Phone Crawley Depot 01293 523764 / CT Sussex Head Office 01444 471919

