



# Kerry Community Transport Ltd

## Iompar Pobail Chiarraí

Sliabh Luachra Cultural Centre, Scartaglin, Co. Kerry.

Lo-Call: 1890 528 528 / 066 7147002

Fax 066 7147038

Email: info@kerrytransport.ie

Web: www.kerrytransport.ie



### RURAL TRANSPORT **connecting** RURAL IRELAND

## Passenger Membership Form

Service Name & No: \_\_\_\_\_

First Name: \_\_\_\_\_ Male  Female

Surname: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Landline No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email address: \_\_\_\_\_

Do you hold a Free Travel Pass?

Yes  No  If yes what type of pass \_\_\_\_\_

Free Travel Pass Number (if any)

### Tell us about yourself:

This information will be used to inform the driver of your specific needs and to ensure that the bus service being provided meets your requirements

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Please tick the box below if any of the points related to you.

1. I use a Power Wheelchair  I use a Manual Chair

2. I use a walking Frame  I use a walking stick

3. I can transfer independently from my wheelchair to a seat

4. I require assistance getting on and off the vehicle
5. I have a medical certificate exempting me from wearing a seatbelt  
(If you have a medical certificate please enclose it)
6. I have an assistance dog  7. I have a learning difficulty
8. I have a hearing difficulty  9. I have a visual impairment

**Emergency Contact Details** (Optional)

This section is optional; however it would be of assistance if you nominated a relative, friend or neighbour who could be contacted in case of an emergency.

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Landline No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**Medical Contact Details** (Optional)

This section is optional; however it would be of assistance if your doctor could be contacted in case of an emergency.

Doctors Name: \_\_\_\_\_ Landline No: \_\_\_\_\_

**Data Protection Statement**

This information that you have given on this form is covered by the DATA PROTECTION ACT 1988 & 2003 and will be stored by Kerry Community Transport Ltd and the National Transport Authority. You have the right to see the data that is held about you. The information may be shared with operators and drivers of the transport service.

**Declaration**

I confirm that the information I have given is correct and that I am responsible for ensuring that Kerry Community Transport Ltd is kept informed of any relevant changes in my personal health or circumstances.

I have also read the information sheet as given by Kerry Community Transport Ltd about the rules for travelling.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this Membership Form to Kerry Community Transport Ltd,  
Sliabh Luachra Cultural Centre, Scartaglin, Co. Kerry**