

Bideford Bridge Trust - Taxi Voucher Application Form
(all sections must be completed)

1. Title: Mrs, Ms, Miss, Mr, Other:

2. Surname: Forename:

3. Address:

 Post Code:

4. Telephone No: _____
 Date of Birth: _____ Age: _____

5. Do you drive a car? Yes/No _____

6. Please enclose one passport size photo with your name written on the reverse. We shall provide you with a photo membership card.

7. Are you a wheelchair user? Yes/No _____
 Are you able to transfer out of your wheelchair? Yes/No _____

8. To be eligible for Taxi Vouchers you should be without means of transport and either 8.a. or 8.b. needs to apply. If neither apply then you will not be eligible for the vouchers

8.a. I am aged 85 or over and enclose a copy of my birth certificate (or a copy of another document stating your date of birth) Yes/No _____
 If Yes, go to Declaration, If No, go to 8.b.

8.b.

Proof Required:

For items a, b, c, d, e, f and k a copy of your registration letter, certificate or a letter from your doctor, medical professional or Social Services confirming your circumstances is required.

For g, h, i and j a copy of your entitlement letter or a copy of your pension book is required.

N.B. Please do not send your pension book through the post. See over for criteria:-

If under 85 years of age then one of the following criteria needs to apply in order to qualify for the Taxi Vouchers		
	Eligibility Criteria	Proof encl.
a	Certificate of Visual Impairment	
b	Disabled Persons Registration Card SS310 (yellow card issued by DCC)	
c	Letter from a Medical Professional	
d	Letter from Social Services	
e	Current Blue Badge Holder	
f	Letter from Audiologist if severely or profoundly deaf.	
g	Person in receipt of Attendance Allowance	
h	Person in receipt of Disability Living Allowance <i>without</i> Mobility Component	
i	Person in receipt of Severe Disablement Allowance	
j	Person in receipt of War Pension <i>without</i> Mobility Supplement	
k	Letter from DVLA giving notice of withdrawal or refusal of driving licence for medical reasons (other than for persistent misuse of alcohol or drugs)	

Declaration

Please ensure you sign both declarations

I declare that I do not own any vehicle other than a personal mobility buggy.

* I am 85 or over / I am under 85 and not in receipt of a Mobility Component for any benefit that I receive. * *Delete as appropriate*

Signature:

Date:.....

I understand that the Trust needs to retain the information that I have supplied in order to be able to demonstrate compliance with the Trust's Scheme to the Charity Commission and to satisfy the Trust's auditors that the monies entrusted to the Trustees have been properly spent. Both these requirements are legal obligations.

Subject to these obligations, the Trust does not disclose any information supplied by you to any other third party.

I understand and accept the basis upon which my information is supplied to the Trust.

Signature:

Date:.....

For Office Use Only

Accepted into scheme?	Yes (go to 2)	No (go to 1)
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1.

If No, return cheque/postal order with apology letter. Enter date in DB

2.

Proof of eligibility received? Yes/No	85 or over? Yes/No
Membership No:	Date Registered:
Photo received Yes/No	Voucher Book No:
Cheque/Postal order received Yes/No	Number:
Date membership card raised:	
Date membership details sent to client:	
Notes:	