

hoppa Club Application Form



Required information from applicants

All information will be treated confidentially and in accordance with the Data Protection Act 1998.

Section A - Contact Information

Name:	Address:
Date of Birth:	
Telephone Number:	Postcode:

Who should be contacted in an emergency?

1.....Relationship: Tel No:.....

2.....Relationship: Tel No:.....

Section B - Please tell us why you would like to join the hoppa Club.

Choose from one or more from the following selection

I am over 60	<input type="checkbox"/>	I find it difficult to access public transport	<input type="checkbox"/>
There is no suitable public transport near my home	<input type="checkbox"/>	I live in an isolated area	<input type="checkbox"/>
I have a disability or mobility difficulties	<input type="checkbox"/>	I am unable to drive	<input type="checkbox"/>
I accompany a hoppa user (carer etc)	<input type="checkbox"/>	I am in full time education	<input type="checkbox"/>
I receive low-income support	<input type="checkbox"/>		

Section C - Mobility Information

Do you use a wheelchair? Yes No

Manual or electric? Manual Electric

Can you transfer to a vehicle seat? Yes No

Will a carer escort you? Yes No

Do you use a walking aid? Yes No

Do you have an illness, disability or difficulty that you wish to disclose so that we can better assist you and cater for your needs?

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Signature:	Date:
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