

ACCESSIBLE TRANSPORT UNIT – SUPER-SHOPPER

Application Form

The following questions are to provide us with information so that we can assess your eligibility for this service.

There may seem to be a lot of questions but this is to help us reach a decision quickly as to how much transport assistance we can provide.

If you would like to provide any additional written information please include with this application.

Personal Details

Title: Mr / Mrs / Ms / Miss (please circle appropriate title)

Surname: _____ Date of Birth: _____

First Name(s): _____

Address: _____

Post Code: _____ Telephone Number: _____

What is the nature of your disability:

How long is your health condition or disability likely to affect your mobility?

ABOUT YOUR SHOPPING

Currently are you able to do your own shopping YES NO
(if YES, please explain how much shopping you are able to do and carry each time you go out)

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Does someone go with you to assist YES NO

Does someone do all your shopping for you YES NO
(if YES, please state who does your shopping for you)

.....

IF TRANSPORT WAS PROVIDED:-

Are you able to do your own shopping whilst in the supermarket YES NO

Do you need a member of staff at the supermarket to assist you YES NO
(if YES, you can approach Customer Services at the supermarket for assistance with shopping, packing and transferring bags to vehicle)

Are you able to carry shopping bags onto the bus and to your door ***(there is a limit of 4 bags per person)*** YES NO

If NO,

Is access to your property on the ground floor YES NO

Is there a lift available YES NO

Is access by stairs only YES NO
 How many flights of stairs

Car Use

Do you currently have the use of a car for your shopping YES NO
(this can be as the driver or passenger e.g. relative or friend's car)

If you have ticked YES, can you tell us how often you can use the car or are assisted with your shopping

- | | | |
|------------------|------------------------------|-----------------------------|
| Once a week | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Once a fortnight | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Once a month | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Not at all | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Comments:

.....

Public Transport

Are you able to use public transport YES NO

When using public transport do any of the following statements apply to you? please tick any that do.

- | | | |
|---|------------------------------|-----------------------------|
| (a) do you have to be accompanied | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (b) do you need someone to help you on and off | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (c) do you need to use any aids e.g. stick, frame | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Are you able to use public transport for shopping YES NO
(if NO, please explain why)

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USE OF OTHER TRANSPORT SERVICES AND CONCESSIONS

Freedom Pass

Do you have a Freedom Pass? YES NO

if YES do you use it? YES NO

if you do not use it, please explain why

.....

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Taxicard or Richmond Voucher Scheme

Do you have a Taxicard? YES NO

if YES do you use it? YES NO

if you do not use it, please explain why

.....

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Are you a member of the Voucher Scheme? YES NO

if YES do you use it? YES NO

if you do not use it, please explain why

.....

.....

Blue Badge

Do you have a Blue Badge?

YES NO

Dial a Ride

Do you use Dial a Ride?

YES NO

If you have ticked YES do you use it to go shopping?

YES NO

If you have ticked YES which shopping centre do you go to? _____

Mobility

Are you a wheelchair or scooter user?

YES NO

If YES when do you use it? Indoors Outdoors

Both

How often? Always Every day

Sometimes

Is your wheelchair manual or electric

Do you use a walking frame?

YES NO

If YES when do you use it? Indoors Outdoors

Both

How often? Always Every day

Sometimes

Do you use a walking stick?

YES NO

If YES when do you use it? Indoors Outdoors

Both

How often? Always Every day

Sometimes

Are you able to walk unaided? YES NO

If NO, and you do not use frame or walking stick, please explain what type of assistance you require when walking e.g. someone to hold your arm

.....
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How far are you usually able to walk in metres or yards?.....

What stops you from walking further?

.....

How long can you usually stand, either with support from someone else or using an 'aid' or alone, whichever is most usual for you, without needing to sit down and rest?

We are not asking for your best effort, simply the average time that you notice you feel the need to sit or rest.

- 0-1 Minute 1-3 Minutes 3-5 Minutes
 5-10 Minutes 10 - 20 Minutes 20 Minutes +

What prevents you from standing any longer?

- Pain Balance Other please specify

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Declaration by applicant

I declare that the information given is the to the best of my knowledge and belief accurate.

SIGNATURE OF APPLICANT*: _____ **DATE:** _____

* If you are unable to sign the declaration yourself it may be signed on your behalf.

NAME: _____ **RELATIONSHIP TO APPLICANT:** _____

OFFICE USE ONLY

Approved/Not Approved by: _____

Date: _____

Week (Bus Number): _____

Wheelchair user: YES NO