

## COMMUNITY TRANSPORT - REGISTRATION FORM

If you are over the age of 65 years please contact myagedcare on 1800 200 422 to register for Community Transport

### PERSONAL INFORMATION

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Mr  Mrs  Miss  Ms  Dr

Prefer to be called \_\_\_\_\_  Male  Female

### Home Address (for transport pick-ups)

House No \_\_\_\_ / Unit No \_\_\_\_ Street Address \_\_\_\_\_

Suburb/Town \_\_\_\_\_ Postcode \_\_\_\_\_

Phone Number \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

### Postal address (if different from above)

House No \_\_\_\_ / Unit No \_\_\_\_ / P.O. Box \_\_\_\_\_

Street Address \_\_\_\_\_ Suburb/Town \_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth:     /     /                    ATSI – Indigenous or TS Islander    Yes  No

What language do you speak? \_\_\_\_\_

What is your country of birth? \_\_\_\_\_

Is language/communication assistance required?  Yes  No

Do you need an interpreter? Yes  No

(please specify) \_\_\_\_\_

The following Information will be used to assess the level of assistance you might require when travelling with Community Transport.

- |  |  |
|--|--|
| <input type="checkbox"/> Walking Frame | <input type="checkbox"/> Guide Dog     |
| <input type="checkbox"/> Walking Stick | <input type="checkbox"/> Physical Help |
| <input type="checkbox"/> Scooter       | <input type="checkbox"/> Wheel Chair   |

1. Are you able to get from your home to the car or bus unassisted? Yes No
  2. Are you able to get in and out of a car or minibus unassisted? Yes No
  3. Are you able to manage alone once you are at your destination? Yes No
  4. Do you need someone to travel with you? Yes No
- (If YES, your Carer will also need to complete an application form)

If you answered "No" to any of the above questions can you give further details?

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Are there any of the following health concerns that may be an issue when travelling with Community Transport?

- Vision or hearing impairment    Allergies    Nausea    Vertigo    Limited mobility  
Need for extra comfort stops    Chronic pain    Seizures

Other: \_\_\_\_\_  
\_\_\_\_\_

Do you receive any Government Funded Services? Yes No

If yes, what type of pension do you receive?

- Aged  
Disability  
Homecare/NDIS Package  
Other: \_\_\_\_\_

Pension number: \_\_\_\_\_

Veteran Affairs Pension Yes No

- Gold card    No \_\_\_\_\_  
White Card    No \_\_\_\_\_  
Other \_\_\_\_\_

### Emergency Contacts

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Accommodation Setting**

- Boarding House  
 Crisis, Emergency or Transition  
 Independent Living Unit  
 Private Residence – Client or Family Owned/Purchasing  
 Private Residence – Private Rental  
 Private Residence – Public Rental  
 Supported Accommodation

Other: \_\_\_\_\_

**Living Arrangements**

- Couple  
 Couple with Dependant (s)  
 Group (Related Adults)  
 Group (Unrelated Adults)  
 Homeless/No Household  
 Single (Person Living Alone)  
 Sole Parent with Dependant(s)  
 Not Stated/Inadequately Described

**CONSENT STATEMENT**

I, \_\_\_\_\_ understand that the information I have provided is correct. I understand that my application will be assessed and I will be notified if I am eligible for the service and accepted as a member of Active Living.

I understand that Active Living will retain my personal information on file for the purpose of providing me with a safe service.

I have read the information regarding the client contributions to services. I am aware that, should my circumstances change, I can discuss service costs with staff. I am aware that I will not be denied service if unable to pay.

Signature Client: \_\_\_\_\_ Date: \_\_\_\_\_

or Carer/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Care Manager (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**Phone: 024474 1040**

**Fax: 024474 1028**

**Email: [CommunityTransport@esc.nsw.gov.au](mailto:CommunityTransport@esc.nsw.gov.au)**

**P.O. BOX 99, MORUYA NSW 2537**

In accordance with the requirements of the Privacy and Personal Information Protection Act 1998 No 133, Active Living provides the following: Personal information collected from you will be for our records only. You will be told why the information is being collected. Only authorised staff can access your records. You have the right to access your own records. Only relevant information will be collected. Statistics may be submitted to funding bodies (using client codes only, not names). We will only ask you for information that is directly relevant to the services you accept from us.