



**MEMBERSHIP FEE**  
**£5.00 per annum**  
**First trip FREE**

## INDIVIDUAL APPLICATION FORM

This form can be used to register individuals or group members who wish to register as part of a group for purposes of travelling together.

If you are a concessionary (BUS PASS) holder you will be able to travel on this service for FREE or HALF-FARE.

If you are not sure if you live within DART's operational area (which is the old legacy Council areas of Craigavon & Banbridge), please telephone DART on 02838317810 or email us at [dal@dartpartnership.org.uk](mailto:dal@dartpartnership.org.uk).

Please contact us if you require any help completing this form as an individual or on behalf of a group, or community.

## PERSONAL DETAILS

Please complete in BLOCK CAPITALS and answer ALL questions.  
Please tick the appropriate boxes, where indicated to do so.

TITLE: ☐ MR ☐ MRS ☐ MISS ☐ MS ☐ OTHER

FORENAME:

SURNAME:

ADDRESS:

POST CODE:

DATE OF BIRTH:

TELEPHONE NO:

MOBILE NO:

EMAIL ADDRESS:

## ELIGIBLE MEMBERSHIP CRITERIA

PLEASE ENSURE THAT BOTH OF THE FOLLOWING APPLY TO YOU  
This section will confirm if you are eligible to use the Rural Transport Fund's Dial A Lift services.

1. I live in a rural area; i.e. an area not covered by the Urban Door to Door scheme
2. I have difficulty accessing everyday services due to lack of transport.

☐ I do not have access to a car.

☐ I do not have access to public transport.

If you do have either access to a car or public transport but feel that you may still be eligible for membership please provide supporting information in the box below.

### IMPORTANT:

Members should note that should the demand for Dial-a-Lift services exceed the amount of resources available, trips will be prioritised on the following basis:

To assist us please tick all statements that apply to you as an individual.

☐ Older person (60+)

☐ Person with a disability

☐ Person with no access to suitable public transport - this is considered as

- being more than 1 mile from nearest bus stop

- being on a route that provides less than two return journeys per week between the hours of 10AM to 4PM; or

- being on a route that only provides services outside of the hours of 10AM to 4PM

☐ Person with dependants (dependants include children under 18, older people and dependants with disabilities)

☐ Other

If the services are still over-subscribed then other restrictions may apply.

## SMART PASS INFORMATION

SMART PASS HOLDER? : YES ☐ NO ☐

SMART PASS TYPE: 65+ ☐ 60+ ☐ Half Fare ☐

War Disabled ☐ Blind ☐

PASS NUMBER:

PASS EXPIRY DATE:

## EMERGENCY CONTACT DETAILS

Please provide details of a relative, friend, neighbour, carer or social worker who could be contacted on your behalf in the event of an emergency.

NAME:

RELATIONSHIP TO YOU:

TELEPHONE NO:

MOBILE NO:



## TELL US ABOUT YOURSELF

This section is being used so that we can tell our drivers what additional assistance you may require to improve your travel experience

**PLEASE TICK THE BOXES BELOW WHICH APPLY TO YOU**

1a. ☐ I use a wheelchair:

1b. My wheelchair is:

☐ Power chair

☐ Manual chair

Make  Model

1c. ☐ I use a scooter

1d. ☐ I use a walking aid

1e. ☐ I can transfer from my wheelchair to a seat

2. ☐ I require assistance getting from my front / back door to the vehicle

**Please note that our staff will not enter your home / place of residence / destination.**

3a. ☐ I have a medical certificate exempting me from wearing a seatbelt

3b. ☐ I enclose a photocopy of my certificate

4a. ☐ I am able to travel independently

4b. ☐ I require an essential companion(s) to travel with me.

If yes, please state why and how many: (maximum 2)

Please note that under 11's are not permitted to travel unaccompanied.

4c. ☐ I have dependants who may travel with me; i.e. I am personally responsible for the care of a child, older person or a person with a disability.

If you have ticked the above question, please state how many:

5. ☐ I have an assistance dog

6. ☐ I have a learning difficulty

7. ☐ I have a hearing difficulty

8. ☐ I have a visual impairment

9. ☐ I have a speech impediment

**Please note that a risk assessment may be carried out by our organisation, as and when required, to ensure that you can travel safely in our vehicles.**

# EQUALITY INFORMATION

This information is required for equality monitoring and statistical purposes only. As a result we are asking you to answer the following questions. However you do not have to answer them.

## 1. Gender:

☐ Male

☐ Female

☐ Transgender

## 2. Religion:

☐ Protestant

☐ Other religion

☐ Catholic

☐ No religious belief

## 3. Marital status:

☐ Single

☐ Civil Partnership

☐ Married

☐ Separated

☐ Widowed

☐ Divorced

## 4. Ethnicity:

☐ White

☐ Black

☐ Eastern European

☐ Asian

☐ Other

## 5. Sexual orientation:

☐ Bisexual

☐ Homosexual

☐ Heterosexual

## 6. Dependants? (i.e. I have personal responsibility for the care of a child / older person / person with a disability)

☐ Yes

No ☐



# DATA PROTECTION STATEMENT

The information that you have given on this form is covered by the DATA PROTECTION ACT (1998).

You have the right to see the data that is held about you.  
The information may be shared with others involved with providing this transport service.

If you don't want us to share the information, please tick here ☐

## DECLARATION

This is a Down Armagh Rural Transport Partnership (DART) Ltd individual membership form for Dial-A-Lift services. A renewal membership form and invoice for £5 annual membership will be set to you on a recurring annual basis.

I confirm that the information I have given is correct and that I am responsible for ensuring that, Down Armagh Rural Transport Partnership (DART) Ltd is kept informed of any relevant changes in my personal health or circumstances.

I confirm that I have attached my £5.00 payment (acceptable in cash,cheque) with my application  
I understand that if I do not sign this form and attach the required annual membership fee of £5 tmy application for Dial-A-Lift membership will not be processed.

I understand that by signing this form I agree to abide by the terms and conditions of membership set out by DART Partnership and that all the information provided within this form is true and accurate.

I understand that my membership can be refused or revoked if this information is incorrect, if I fail to inform Down Armagh Rural Transport Partnership (DART) Ltd of any relevant changes to my personal health/circumstances or if I fail to comply with the terms and conditions of membership.

Signed: .....

Date: .....

Under 16's applications must be countersigned by a parent / guardian.

Countersignature: .....

If you are signing on behalf of the applicant, please print your name and relationship to them: e.g. Friend / Relative

Name: ..... Relationship: .....

**A copy of our passenger charter will be sent out to you once your membership has been processed**

**Could you please give us some basic/helpful directions to your house which can be passed on to our driving staff:**

## FOR DART USE ONLY

Comp. Entry Date:

Completed By:

Membership No:

Customer Charter Sent:

Mem Fee Paid:

Mem (T):

# WHAT DO I DO NOW?

Please ensure that you have completed, signed and dated your form and attached your membership payment.  
If you are exempt from wearing a seatbelt, ensure you have enclosed a copy of your exemption certificate.  
Please allow up to 14 days for your application to be processed.

## WE ALSO NEED YOUR HELP TO MAKE OUR COMMUNITY MOBILE

As a charity whose mission is to combat social isolation and exclusion could you help us identify individuals or groups in your community who could use this service?

We are keen to develop weekly community bus services in rural areas using the Dial-A-Lift service. Our staff can also give presentations and facilitate sign-up days for our services in your area if required.

Please contact us.



Return the completed form to the address below:

Down Armagh Rural Transport Partnership (DART) Ltd

10 Charlestown  
Avenue  
Portadown  
BT63 5ZF

028 38317 810

Web: [www.dartpartnership.com](http://www.dartpartnership.com)  
Email: [dal@dartpartnership.org.uk](mailto:dal@dartpartnership.org.uk)

