



MEMBER ELIGIBILITY FORM

Please ensure this form is completed in BLOCK capitals, signed by an appropriate person and stamped.

Passenger Details

Title and Full Name of Passenger

Date of Birth

 / /

Eligibility Declaration

The above passenger requires the use of wheelchair accessible car

Yes No

Sign Off: (Please tick the box)

Doctor / Local General Practitioner

Family Solicitor / Lawyer

Nursing Home Senior Staff Member (Manager / Person in Charge)

Local Health Office Senior Staff Member (Manager / Person in Charge)

Community and Social Care Senior Staff Member (Manager / Person in Charge)

Registered Disability Organisation Senior Staff Member (Manager / Person in Charge)

Full Name:

Position:

Company:

Address:

Ph or Email:

Official Stamp / Seal Required

Signature: