

New Client Application Form

Contact details	
Please circle:	Mr Mrs Ms Miss Date of Birth:
First name:	Surname:
Address:	
Suburb:	Postcode:
Mobile:	Home phone:
Email:	
Mobility Aids	
Please tick appropriate box below	
None <input type="checkbox"/>	Wheelchair <input type="checkbox"/> Walking Frame <input type="checkbox"/> Walking Stick <input type="checkbox"/>
Travelling Companion <input type="checkbox"/>	Assistance Dog <input type="checkbox"/>
First Emergency Contact Information	
First name:	Surname:
Address:	
Suburb:	Postcode:
Mobile:	Home phone:
Email:	
Relationship:	
Second Emergency Contact Information	
First name:	Surname:
Address:	
Suburb:	Postcode:
Mobile:	Home phone:
Email:	
Relationship:	

Eligibility criteria (please tick)

Do you have a Pensioner Concession or a Health Care Card? Yes No

I have provided a copy of my Pensioner Concession or Health Card Yes No

Are you physically able to enter and exit the bus? Yes No

Do you have access to a car? Yes No

Can you access public transport? Yes No

Have you ever had health issues, received treatment or medical advice in relation to cognitive decline or memory loss? Yes No

Booking Details:

Booking type: Casual Regular

Casual clients are required to book services at least one week prior to date of travel.
Regular clients will automatically be picked up for services unless a cancellation is received.

Please tick boxes below to indicate which service(s) you are interested in

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Autumn Centre <i>Weekly</i> <input type="checkbox"/>	Spud Shed <i>Fortnightly</i> <input type="checkbox"/>	Baldivis Shopping Centre <i>Fortnightly</i> <input type="checkbox"/>	Rockingham Shopping Centre <i>Weekly</i> <input type="checkbox"/>	Autumn Centre <i>Weekly Pick-up</i> <input type="checkbox"/>
Bunnings-Rockingham <i>Monthly</i> <input type="checkbox"/>	Rockingham Navy Club Bingo <i>Weekly</i> <input type="checkbox"/>	Warnbro Shopping Centre <i>Fortnightly</i> <input type="checkbox"/>	Rockingham Shopping Centre <i>Fortnightly</i> <input type="checkbox"/>	<i>Lunch Return</i> <input type="checkbox"/> <i>Late Return</i> <input type="checkbox"/>

Declaration

I declare that the information provided in this application is true and correct. I acknowledge that I have received, read and understood the Conditions of Use. I agree to adhere to these conditions and understand that failing to do so may result in my termination as a client of the Rockingham Connect Community Transport Service.

Signature

Date

Please note each service is subject to availability. A confirmation letter will be sent once your application has been completed.