# logo Guildford Borough Council Community Transport and Meals Key Safe Registration Forms

Office use only:

CT Membership Date:

Payment received

To ensure that you meet the criteria to access this service and the current charges, please refer to the Community Transport Brochure, which you should have received with the registration form. If you have not received a brochure please contact 01483 458055 for a copy or alternatively information regarding the service can be found on [www.guildford.gov.uk](http://www.guildford.gov.uk).

The completed form should be sent to Community Transport, The Hive, Park Barn Drive, Guildford, Surrey, GU2 8EN. Payment for your membership should be made on your first journey.

## Privacy Statement

The information you provide us will be used by Guildford Borough Council for the purposes of supporting your needs whilst using the Council’s Community Care Services. After this time, your information will be securely destroyed.

Your personal information will be processed in line with Data Protection legislation. We may share your information with other statutory authorities who provide health or social support. When sharing your information we will comply with The Surrey Multi-Agency Information Protocol (MAISP)

Your information will not be disclosed to third parties for marketing purposes.

If you believe the data we process on you is incorrect, you may request to see this information and, if necessary have it corrected or deleted. If you wish to raise a complaint, you can contact our Data Protection Officer at the address below. If you believe that we are not processing your data lawfully you can complain to the information commissioner’s Office (<https://ico.org.uk/>). Further details are available on our Website – <https://www.guildford.gov.uk/dataprotection> , or from the Information Rights Officer, Guildford Borough Council, Millmead House, Millmead, Guildford, GU2 4BB email: foi@guildford.gov.uk

Please complete this form in full and return it to Guildford Community Transport & Meals at this address:

**The Hive, Park Barn Drive, Guildford, Surrey, GU2 8EN**

We will use the information that you provide to update our records so that the service can be tailored to your needs and requirements.

I consent to Guildford Community Transport and Meals to hold my personal data for the purposes described above.

Signature:

Date:

## Personal details

Please complete all section in full

Title:

Forename(s):

Surname:

Preferred name:

Address:

Telephone No:

Mobile No:

Postcode:

Date of Birth:

## Next of Kin (NOK)

Clients are asked to provide at least one named next of kin. Please leave the appropriate answer.

**Is the nominated NOK aware that they are named as NOK? yes/no**

**Does the NOK consent to Community Transport and Meals holding their details? yes/no**

Next of Kin/Emergency contact one

Full Name:

Relationship:

Address:

Telephone No:

Mobile No:

Work No:

Email:

Next of Kin/Emergency contact two:

Full Name:

Relationship:

Address:

Telephone No:

Mobile No:

Work No:

Email:

## General Health

Please leave the answers that only apply to you. Cross out the rest.

Hearing: good/fair/poor/other – give us details what other:

Sight: good/fair/poor/other – give us details what other:

Mobility: good/fair/poor/other – give us details what other:

Communication: good/fair/poor/other – give us details what other:

Do you have any other disabilities, health issues or impairments that you feel we should be aware of?

Please state:

## Mobility and aides

Leave the answers that apply to you. Cross out the rest.

* I use a walking frame
* I use a 3 wheeled walker
* I use a 4 wheeled walker
* I find it difficult to climb steps
* I find it difficult to stand for periods
* I need to use a wheelchair
* I cannot transfer from my wheelchair

## Assistance dogs

Leave the answers that apply to you. Cross out the rest.

When travelling, will you bring an assistance dog? yes/no

## Wheelchair Information

In order to use your wheelchair on our vehicles it must have been crash tested up to 30mph. If you are unsure we can check this for you. Please supply the following information regarding your wheelchair.

Leave the answers that apply to you. Cross out the rest.

Wheelchair typeelectric or manual

State the make:

State the model:

State serial number:

State any modifications:

For safety reasons we are restricted on the total weight the passenger lifts on the vehicles are able to hold. In order to ensure that we do not exceed this limit we need to approximate the total weight likely to be lifted on the passenger lift.

Please state your approximate weight:

## Property location and communication

Is there anything that will help our drivers find your address such as post box outside.

State here:

Do you have any communication requirements such as large print)?

State here:

Would you like any information on other services provided by Guildford Borough Council’s Community Care Services? Such as Community Meals or Social Centres.

State here:

## **Please Note**

Guildford Borough Council reserves the right to review the eligibility of those registered at any time.

I declare to the best of my knowledge that the information provided on this form is correct.

Signed:

Date:

Print Name:

## Meals Key Safe Agreement Form

In order for Guildford Community Transport & Meals to hold key safe information on its system and to provide support and assistance to clients by using key safe’s, formal permission is required from the client, next of kin as power of attorney or from an advocate acting on behalf of the client.

This form must be completed in full, giving both consent for key safe information to be held, and detail of the level of access permitted to be provided. This form must be returned to: Guildford Community Transport & Meals, The Hive, Park Barn Drive, Guildford, GU2 8EN.

Please provide the following information:

Name:

Address:

Key Safe Number:

**Please leave the appropriate statements that apply to you to agree the level of usage of the key safe by Guildford Community Transport & meals staff. Cross out the rest.**

* I give permission for Guildford Community Transport/Meals staff to enter the above address using the key safe to give support/assistance to clients before providing transport or to deliver meals where the client is unable to answer the door.
* I give permission for Guildford Community Transport/Meals staff to enter the above address using the key safe only where there is serious concern for my health and wellbeing.
* I give permission for Guildford Community Transport staff to only use the key safe for the above address in situations including the passenger not having access to their own key.
* I do not give permission for Guildford Community Transport & Meals staff to access my key safe at any time.

Signed:

Date:

If completing the form on behalf of the person living at the stated address, please give detail as to your relationship with the person and your entitlement to make decisions on the person’s behalf.

State here: