Maldon Neighbourhood Centre

Better Community Buses passenger registration form

[This template has been developed for you to copy and paste into your own Microsoft Word template as required. While all parts of this template can be modified to suit your needs, items in red have been highlighted to show where you might delete or amend text.]

Please complete this form if you would like to register for the community bus service between [location] and [location].

Name:			
Address:			
Home phone:			
Mobile phone:			
Email:			
nergency contact Name:			
Name:			
Name: Address:			

This community bus is **not** medical transport or disability transport.

Please return this form to [Organisation Name], [Address].



Privacy note:
The personal/health information requested on this form is being collected by [Organisation Name] for the purposes of community bus transport. The information will be used soley by [Organisation Name] in accordance with our privacy and confidentiality policy.
[Delete this section when transferring to your own Microsoft Word template]

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