

Sign up to our
Voluntary Community Transport Service

If you have any questions, please call us on 227470 or email transport@healthconnections.gg

1. About you

Full name:

Date of birth:

Telephone number:

House name / number:

Postcode:

Email address:
(if applicable)

2. Emergency Contact

Your emergency contact should be a family member, friend or care worker who we could contact easily in the event of an emergency.

Emergency contact name:

Telephone number:

Relationship:

3. Information

Are you currently receiving HSC Treatment or Support?

Yes

No

Are you able to get into a low seated or high seated vehicle unaided?

Yes

No

Are you able to get into the rear of a two-door car unaided?

Yes

No

Are you currently receiving support from Social Security to meet your transport needs?

Yes

No

If no, please explain if have previously applied and been refused.

Are you requesting this service as a short-term support whilst you are receiving care or recovering from ill health?

Yes

No

If yes, please provide details of the type of trips you may need and for how long you anticipate needing this support.

Are you able to use public transport?

Yes

No

If no, please provide further detail.

Are you able to use a private taxi? If no, please provide further detail.

Yes

No

3. Continued

Do you have any health issues that we or the drivers need to be aware of in case of an emergency?

Yes

No

Do you have any mobility issues, or do you use mobility aids?

Yes

No

If yes, please provide further detail, e.g. folding walker, crutches.

Have you completed this form on behalf of someone else?

Yes

No

If you have completed this form on behalf of the service user, please provide your name and contact information below.

Name:

Contact:

4. Consent

- I consent to the use and processing of my personal data.
- I consent to Health Connections contacting third parties involved in my transport.
You can view our data protection policy and our contacting third parties policy at www.healthconnections.gg.
- Please tick the box if you wish to receive a copy by post.

Signature:

Date:

Please complete this form and send to:

Health Connections LBG, Rohais Waitrose, Rohais, St Peter Port, Guernsey, GY1 1FE