

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:

Unit 4, Cour Du Bordier, 42 The Bordage, St. Peter Port. GY1 1BP