

I wish to apply for membership of the Shopmobility Scheme and agree to abide by the terms and conditions as set down by the Borough Council.

Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	
Surname										
First name										
Address										
									Postcode	
Telephone							Date of Birth			

The following information will be treated in strictest confidence and used in assisting staff to offer you a more personal service.

Weight				Height					
Do you need a wheelchair because of (please tick box as applicable)									
Accident	<input type="checkbox"/>			Illness	<input type="checkbox"/>				
Disability	<input type="checkbox"/>			Advancing age	<input type="checkbox"/>				
Can you transfer to a vehicle seat without assistance?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you require any other facility i.e. extended footrest? If yes, please advise									
Do you usually travel to Epsom by (please tick box as applicable)									
Car	<input type="checkbox"/>	Taxi	<input type="checkbox"/>	Routecall	<input type="checkbox"/>	Public transport	<input type="checkbox"/>		

Applicant's signature			
Car registration number			
Date			