



TOWN OF

# Bassendean

SURNAME

Date Registered

## Volunteer Transport Passenger Application Form

Please complete this form and return with Passenger Medical Clearance Form:

Email: [mail@bassendean.wa.gov.au](mailto:mail@bassendean.wa.gov.au)

Return in person: The Town of Bassendean Customer Service 35 Old Perth Road Bassendean

For further information contact: 9377 2191

First Name :	Surname
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Year of Birth:	Mobile	Home Phone:
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Address :

Doctor (GP) name :	GP Phone:
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Living Arrangements :  Live alone  Live with family  Live with others

Emergency Contact 1 Name:	Relationship:	Phone:
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Emergency Contact 2 Name:	Relationship:	Phone:
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Are you registered for services with My Aged Care  
 NO  YES Service Provider Name:

Do you use any of the following?  
 Walking Stick  Walking Frame  Other? Please specify

Do you have any medical conditions that would impact on your use of this service?

**Important Note:** Please note to be able to use the Volunteer Transport Service residents must be able to get in and out of the vehicle and attend appointments unassisted. Our volunteers cannot assist people who have mobility difficulties. This includes a temporary disability. Services will be on hold during these times.

**Declaration- Please tick each box :**

- I have read and understood the Volunteer Transport Passenger Information booklet and agree to the terms and conditions outlined.
- I hereby declare that all information provided by me in this Application Form is true and correct.
- I can enter and exit the vehicle unassisted and walk to my appointments from the vehicle.
- I understand that the volunteer drivers will NOT assist me to enter and exit the vehicle and attend appointments.
- I understand that if my mobility changes in the future and I require assistance, I will not be able to use the Volunteer Transport Service, and it is my responsibility to arrange alternative transportation.
- I understand there is an application process, and I will be notified in writing of my successful registration.

By signing here, I agree to all the above requirements:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_