



If you need any help or advice to fill in this form,
please phone 0151 330 1661.

First name or names:

Last name:

Title: Mr Mrs Miss Other

Your full address (including postcode):

Home phone number:

Mobile phone number:

Emergency contact number:

Email address:

Your date of birth: / /

Do you receive the mobility or care component of Disability Living Allowance at the higher rate? You must send proof of this with your application. Yes No

Do you receive Attendance Allowance at the higher rate? You must send proof of this with your application. Yes No

Are you registered blind? You must send proof of this with your application. Yes No

Do you receive War Disablement Pension (with mobility supplement or high rate care allowance)? You must send proof of this with your application. Yes No

Do you have written confirmation from your doctor that you have a disease (such as cancer) which is causing you sight or movement problems? If yes, please send written confirmation to us. Yes No

Is there anything else about your medical condition you want to tell us?

Do you use a wheelchair or scooter?
Manual wheelchair Electric wheelchair Scooter

What is the make and model of your wheelchair or scooter?
Please be aware that you cannot travel while sitting on a scooter.

Can you transfer from your wheelchair into a bus seat? Yes No

Do you use other mobility aids, such as crutches, zimmer frames and so on? Yes No

Are you able to wear a seat belt? Yes No
If you have answered 'No', you must send us a confirmation letter from your GP confirming that you cannot wear a seat belt.

Are you able to use a taxi? Yes No

Are you able to use a bus? Yes No

Are you able to use a train? Yes No

I verify the above information is correct and that I am a resident in Merseyside. I agree that information can be used in the administration of the Merseylink Scheme and that my details will be kept on file. Merseytravel is required to share this information with other government departments.

I acknowledge that providing false information may lead to prosecution.

Please sign in the box:





Date: / /

All members must keep to our safety rules. We have the right to refuse a trip to any member, or any person who is traveling with a member, who will not keep to these rules.

From time to time we may want to contact you for customer research or to send you extra information which may be of interest to you. If you do not want us to contact you, please put an 'X' in the box here.

Now, please check that all the information you have given is correct.

Please send or take this form to:
Merseylink
Merseytravel
Liverpool ONE Bus Station
1 Canning Place
Liverpool
L1 8LB

- Don't forget to enclose:
-  a passport-sized photograph;
 -  proof of any allowance mentioned on the front of this form or proof that you are registered blind;
 -  proof that your permanent address is in Merseyside (for example a photocopy of a page in your allowance book or an original or photocopy of a gas or electricity bill); and
 -  a letter from your GP confirming you are not able to wear a seat belt.



If you ask us, we can send you this information in other formats, such as in Braille or large print.