

# Merseylink

## Application for Merseylink membership

Please tick the box that applies.

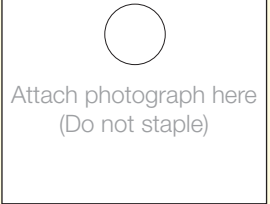
Are you applying for membership for the first time? Yes  No

Are you renewing an existing membership? Yes  No

**First name or names:**

**Last name:**

**Title:** Mr  Mrs  Miss  Other



**Your full address** (including postcode):

**Home phone number:**

**Mobile phone number:**

**Emergency name and contact number:**

**Email address:**

**Your date of birth:**      /      /

You must be able to answer 'Yes' to at least one of the following questions to become a member.

Do you receive the mobility or care part of Disability Living Allowance or Personal Independent Payment (PIP) at the higher rate?  
(You must send proof of this with this form.)

Yes  No

Do you receive Attendance Allowance at the higher rate?  
(You must send proof of this with this form.)

Yes  No

Are you registered blind? (You must send proof of this with this form.)

Yes  No

Do you receive War Disablement Pension (with a mobility supplement or higher rate care allowance)? (You must send proof of this with this form.)

Yes  No

Do you have written confirmation from your doctor that you have a terminal illness (such as cancer) which is getting worse and is causing you sight or movement problems?  
(You must send this written confirmation to us with this form.)

Yes  No

Is there anything else about your medical condition or your mobility you want to tell us? (Please securely attach a separate sheet if necessary.)

**Note:** We may need to contact you to get details about this application. If you do not include a suitable passport photograph, and proof to support your application, then we will be unable to process your application and it will be returned to you.



Do you use a wheelchair or scooter?

Manual wheelchair  Electric wheelchair  Scooter

Make and model \_\_\_\_\_

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?

**If you have answered 'No', you must send us a confirmation letter from your GP confirming that you cannot wear a seat belt.**

Yes  No

Are you able to use a taxi?  Are you able to use a bus?  Are you able to use a train?

Do you have a concessionary travel pass?

If 'Yes', please write your pass number in the box below.

Yes  No

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Do you have a Fast Tag concession for the Mersey Tunnels?

If 'Yes', please write your account number in the box below.

Yes  No

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I confirm the above information is correct and that I live in Merseyside. I agree that you can use my information to manage the Merseylink scheme and keep my details on file. I understand that if I provide false information, I may be prosecuted.

**Please sign in the box.**

Date / /

You must keep to our safety rules. We have the right to refuse to provide a trip to you or any person who is travelling with you, if you will not keep to these rules.

From time to time we or people acting on our behalf may contact you for customer research or to send you extra information which may be of interest to you. If you do want us to contact you, please put an 'X' in the box here.

Your personal data will be used by Merseytravel to administer the Merseylink scheme in accordance with UK data protection legislation. Any information held will not ordinarily be disclosed to third parties that do not form part of the administration of the scheme. At our discretion, we may disclose personal data in response to valid requests from the police and other law enforcement bodies. This is permitted by the Data Protection Act 1998. We may also disclose personal data if required to do so by law.

Now, please check that all the information you have given is correct. Please send this form to **Merseytravel, Merseylink Membership Scheme, Customer Delivery, PO Box 1976, Liverpool L69 3HN**

**Don't forget to enclose:**

- a recent colour passport-sized photo of yourself taken within the last 12 months. Write your name and date of birth clearly on the back of your photo, and attach it to the front of the application form, using the self-adhesive sticker provided. Please do not use staples;
- 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 photocopy of a gas or electricity bill); and
- a letter from your GP confirming you are not able to wear a seat belt.



**Please note we do not accept original copies, we only accept photocopies.**

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