

Race and ethnic background

Choose one section from A to F and then tick the appropriate box to indicate your ethnic background.

A. White

<input type="checkbox"/>	British
<input type="checkbox"/>	Eastern European

<input type="checkbox"/>	Irish
<input type="checkbox"/>	Any other white background

B. Mixed

<input type="checkbox"/>	White and black Caribbean
<input type="checkbox"/>	White and Asian

<input type="checkbox"/>	White and black African
<input type="checkbox"/>	Any other mixed background

C. Asian or Asian British

<input type="checkbox"/>	Indian
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Chinese

<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Any other Asian background

D. Black or black British

<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	Any other black background

<input type="checkbox"/>	African
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E. Other ethnic group

<input type="checkbox"/>	Gypsy or Traveller
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<input type="checkbox"/>	Any other
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F. Prefer not to say

If you want to specify your ethnic background in more detail, or different to the descriptions shown above, please give details below.

Age: _____

Date of birth: _____

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 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 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 serious disease (such as terminal 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.)


Attach photograph here
(Do not staple)



Note: We may need to contact you to get details about this application. If we ask for further proof to process your application, and proof is not sent to us, we will return your application form and documents after 3 months.

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

Do you have a Fast Tag concession for the Mersey Tunnels?
 If 'Yes', please write your account number in the box below. Yes No

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 by law, you have to share this information with other government departments. I understand that if I provide false information, I may be prosecuted.
 _____ Date / /

Please sign in the box.
 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.

Now, please check that all the information you have given is correct. Please send this form to **Merseytravel, Merseylink, Hubs Support, PO Box 1976, Liverpool L69 3HN**
Don't forget to enclose:

- a recent passport-sized photo of yourself. 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 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.

Monitoring equality (Optional)

You do not have to fill in this part of the form if you do not want to.

We will store the information you provide on this form in line with the Data Protection Act 1998 and use it for the purpose of monitoring our service. We need this information to make sure we are providing a service that is fair to all our customers. We will not use it to assess your Merseylink application. Because we will not keep it with your Merseylink application, we may ask you for information you have already given us. If you choose not to fill in this section, it will not affect our assessment of your application.

Disability

The disability categories below are broadly based on the definition of a disabled person in the Disability Discrimination Act 2005 as 'someone with a physical or mental impairment which has a substantial or long term effect upon his/her ability to carry out normal day to day activities'.

Do you consider yourself to have a disability? Yes No

If yes please tick which of the following best describes your disability.

<input type="checkbox"/> Deaf or hard of hearing	<input type="checkbox"/> Mental-health condition
<input type="checkbox"/> Blind or partially sighted	<input type="checkbox"/> Long-term illness
<input type="checkbox"/> Physical disability	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say

Sex (gender)

<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Prefer not to say	

Do you currently live as the sex opposite to that shown on your birth certificate? Yes No

Sexual orientation (sexuality)

<input type="checkbox"/> Lesbian	<input type="checkbox"/> Gay
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Bisexual
<input type="checkbox"/> Prefer not to say	

Religion or belief

<input type="checkbox"/> Christian	<input type="checkbox"/> Muslim
<input type="checkbox"/> Sikh	<input type="checkbox"/> Hindu
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Jewish
<input type="checkbox"/> None	<input type="checkbox"/> Prefer not to say

Any other religion or belief: _____