

The Ivers Good Neighbours Scheme Member Registration Form



Full Name.....

What name would you like our driver to call you by?.....

Date of Birth.....

Address.....

Postcode.....Contact Telephone No.

Emergency Contact Name and Number.....

GP Name and Address.....

Do you require assistance walking from your front door? Yes No

Do you require assistance getting into the car? Yes No

Do you need to sit in the front seat of the car? Yes No

Do you require use of a wheelchair Yes No

Do you have a blue badge Yes No

Do you have any of the following health problems?

Visual Yes No Hearing Yes No Cognitive Yes No

Any other medical condition the driver needs to be aware of?.....

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Does a carer/relative/friend need to accompany you? Yes No

This information is strictly confidential, and we need to ask your permission to keep this information on file. The information will be kept safe and locked away.

I wish to register with the Ivers Good Neighbours Scheme and confirm the information above is correct

Signed..... Date

Telephone number 01753 358101

Return this form in the envelope provided or by post to
Secretary, 7 The Ridings, Richings Park, Iver, Bucks SL0 9DU
Or by email to gns@theivers.org.uk