



**AccessBus**  
**Wellington House**  
**40 – 50 Wellington Street.**  
**Leeds LS1 2DE**

**AccessBus Application Form**

**Family Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**First Name(s)** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ **Postcode** \_\_\_\_\_

**Daytime telephone number(s)**

Home \_\_\_\_\_

Mobile \_\_\_\_\_

**Are you? (Please circle)**

Hearing Impaired

Deaf

Partially Sighted

Blind

**Please use the space below to tell us if you have any other special requirements.**

**Will you need to bring any of the following when you travel on the AccessBus?**

Zimmer Frame

Wheeled Walker

Crutches

Manual Wheelchair

Electric Wheelchair

Oxygen

Assistance Animal

Shopping Trolley

**If you use a wheelchair are you able to transfer to a seat?** Yes No

**If you use an electric wheelchair please state make and model below.**

**Will you need to take a companion or a carer with you to help when you travel?**

Yes

No

**Do you have a valid bus pass?**

Senior

Disabled

Disabled with companion

Blind

MCard/MetroCard

**Please give details of two people we can contact in an emergency. These can be relatives, friends, carers or neighbours.**

Name \_\_\_\_\_ Daytime telephone number \_\_\_\_\_

Relationship to you \_\_\_\_\_

Name \_\_\_\_\_ Daytime telephone number \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_