

Kent Karrier / Dial-a-Ride Membership Application Form



Personal Details (PLEASE PRINT)		
Mr / Mrs / Ms / Miss / (delete as appropriate) Other (ple	ase specify):	
First name :	Last name :	
Address:		
	Postcode :	
Home telephone number :	Date of birth :	
Signature :	Date :	
Mobility Details		
I am applying to join my local Kent Karrier / Dial-a-ride	e Scheme because: (please tick ONE reas	on only)
I live more than 500 metres from the nearest bus	stop or bus service:	
OR I have difficulty using existing public transport bed	cause*	
* (If second box is ticked; please answer the following	g questions, that apply to you, in the box below)	
*I am registered blind: □	*I have a mobility impairment:	<u>1</u>
I travel with an escort, carer or family member: I travel with a wheelchair: Is this a manual wheelchair or electric wheelchair (I stay in / I transfer out of the wheelchair - please tick / delete as appropriate)		
Supporting Declaration		
Name :	Title: Mr / Mrs / Ms / Dr / Other	
Telephone number :	Position (i.e. doctor/nurse) :	
Address:		
Signature :	Date :	
By signing this form you are confirming that the applitransport for the reasons indicated above. Kent County Council reserves the right to withdraw m		

Please return this form, along with payment (see over), to: Kent Karrier Membership, Transport Integration, Kent County Council, Gibson Drive, Kings Hill, West Malling, Kent, ME19 4QG. Telephone: 01622 605349

For Office Use Scheme ref:

Processed by:

Important Information

Contact details

Further information about Kent Karrier / Dial-a-ride services is available at www.kent.gov.uk/publictransport
Should this not answer your question please write to us at the address below, e-mail transport.integration@kent.gov.uk or telephone 01622 605349.

Payment

Kent Karrier is a membership-based scheme. The annual membership fee contributes towards the cost of administering the scheme, and a fare is payable every time you travel.

Please enclose a cheque / postal order made out to **Kent County Council** to the value of £5.

Please do not send cash by post. Cash will however be accepted at the address below between the hours of 8.30am and 4.00pm, Monday to Friday.

The £5 charge will not be waived under any circumstances. As membership runs for 1 calendar year, the fee applies irrespective of the date of application. Refunds will not be issued and payments by instalment cannot be accepted.

Applications

New applications can be made at any time. You can only apply for the scheme which operates in your area. Membership cards are not issued but after your application has been successfully processed, you will receive a letter confirming your membership and the contact details for the operator of the scheme in your area. Please remember to inform us of any change of circumstances, such as change of address, as this information is not automatically sent to this department, even if you have told another part of Kent County Council.

Renewals

Renewal notices will be sent to you automatically, around 4 weeks prior to the expiry date of your current membership. If you have not renewed your membership within 6 weeks of your renewal date, you will need to submit a new application.

Kent County Council is not liable for transport or other costs incurred while membership applications are being processed. If you have not received your membership letter within 28 days of your application, please contact us using the details below.

Concessionary bus pass holders

Membership of Kent Karrier is not dependent upon holding a concessionary (or "free") bus pass. These passes are provided on a statutory basis by your district/borough council, whereas Kent Karrier is a discretionary scheme run by Kent County Council. Similarly, membership of Kent Karrier does not mean that you will be entitled to a "free" bus pass. For more information about these bus passes, please contact your district/borough council or visit www.direct.gov.uk.

Scheme details

Full terms and conditions are available online at www.kent.gov.uk/publictransport or by request from the address below. By applying for the scheme you acknowledge that you have read and accept these terms.



Checklist

The information that you provide on this form is collected and dealt with in compliance with the Data Protection Act 1998. It will be used by Kent County Council to administer the Kent Karrier Scheme (including the detection and prevention of fraud) and will be shared with the transport provider(s) of the scheme which you are joining for the same purposes.

☐ Have you completed all sections of the form, and had it counter-signed by a registered medical practitioner?
□ Have you enclosed your payment and made the cheque / postal order payable to Kent County Council ?

Please return this form, along with **payment (see above)**, to the following address:

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