

Dial-a-Bus Scheme Referral Form

To be completed by the applicant's GP or other professional health carer

Name of applicant: _____

Address: _____

Telephone number: _____

Name of General Practitioner (GP): _____

1) Is the above named person known to your service? YES ☐ NO ☐

2) Is this person in receipt of disability living allowance? YES ☐ NO ☐

3) Does this person find it difficult to use public transport? YES ☐ NO ☐

4) If this person can use public transport do they require assistance? YES ☐ NO ☐

5) Is this person registered blind or partially sighted? YES ☐ NO ☐

6) Do you have any additional comments to support this application or other information which may assist the drivers if membership is accepted ie. special access arrangements/passenger in a wheelchair etc.?

Signed _____ Date _____

Delete as appropriate:

Social Worker / District Nurse / General Practitioner / Health Visitor / Occupational Therapist
Consultant / Other – please state _____

Note: Client/patient may be charged by GP for signing this referral form. The Dial-a-Bus scheme cannot be held liable for this cost.

Return to:

Dorset Travel, Dorset Council, Old Radio Station, Bridport Road, Dorchester DT2 9DT