

The Ivers Good Neighbour Scheme 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 Neighbour Scheme and confirm the information above is correct

Signed..... Date

Please return this form to Mrs Hilary Quincey, Secretary The Ivers Good Neighbour Scheme in the pre-paid envelope provided

Buckinghamshire County Council



South Bucks
District Council

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