



KENT KARRIER Membership Application Form



Personal Details (PLEASE PRINT IN BLOCK CAPITALS)

Mr / Mrs / Ms / Miss / (delete as appropriate) **Other** (please specify):

First name : Last name :

Address :

..... Postcode :

Home telephone number : Date of birth :

Signature : Date :

Emergency Contact : Telephone:
(please specify their relationship to you)

Mobility Details

I am applying to join my local Kent Karrier / Dial-a-ride Scheme because: (please tick **ONE** reason only)

I live more than 500 metres from the nearest bus stop or bus service:

OR

I have difficulty using existing public transport because*

OR

I am 85+ (Proof of age required must be enclosed)

* If second box is ticked; please answer the following questions that apply to you in the box below and arrange for a registered medical professional (i.e Doctor/Nurse) to complete the supporting declaration

*I am registered blind: *I have a mobility impairment: (please specify).....

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

Supporting Declaration

Title : Mr / Mrs / Ms / Dr / Other Name :

Telephone number : Position (Must be a medical professional) :

Address :

Signature : Date :

By signing this form you are confirming that the applicant is known by you to have difficulty using public transport for the reasons indicated above.

Kent County Council reserves the right to withdraw membership if the declaration is found to be false.

Please return this form, along with payment (see overleaf), to:
**Kent Karrier Membership, Kent County Council, Public Transport,
PO BOX 441, St. Michaels Close, Aylesford, Kent, ME6 9HJ**

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 03000 413567.

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.

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 must be a Kent resident and 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. 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 Kent County Council or visit www.kent.gov.uk.

Data Privacy

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.

The information that you provide on this form is collected and dealt with in compliance with the General Data Protection Regulation (GDPR) 2018. 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.

The full privacy notice can be found at:

<http://www.kent.gov.uk/about-the-council/contact-us/access-to-information/gdpr-privacy-notice/highways,-transportation-and-waste/kent-karrier-transport-scheme>

Checklist

- Have you completed all sections of the form, and had it counter-signed by a **registered medical professional**?
- Have you enclosed your payment and made the cheque / postal order payable to **Kent County Council**?
- Have you enclosed your **proof of age** if you are applying under 85+?

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

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