



Twyford Volunteer Drivers

Twyford, Wargrave and District Volunteer Centre (TWADVC)

The Lady Elizabeth Centre, Polehampton Close, Twyford, RG10 9RP Email twadvc@yahoo.co.uk

Client Registration Form – one client per form

Title:	Mr/Mrs/Miss/other	First name:
Surname:		
Home address:		
Postcode:		
Home phone number:		
Mobile number:		
Email address:		
Date of birth:		
Emergency contact name:		We will only contact the emergency contact that you have given us if we have serious concerns for your health, safety and/or well being
Contact's phone number:		
Contact's email address		
Carer's name and phone number		
Disability:		
Mobility aids (eg stick, walking frame, crutches):		
Bus pass number:		
Expiry date of bus pass		
Blue badge holder:	YES/NO	

DECLARATION:

I confirm that I have received, read and accept the Client Guidelines of TWADVC dated March 2022 and I qualify as a client. I confirm that I have read and am aware of the 'Data Protection' section in the Client Guidelines and that I have the mental and physical capacity to be responsible for myself or, if not, I will be accompanied by a carer/friend/relative.

Signed: _____ Date: _____