

Flexibus -The LocalLink Office for Louth, Meath & Fingal.

Address: Unit 23 Mullaghboy Industrial Estate, Navan, Co. Meath C15 WK09

Membership Form

Data Protection Declaration

Louth Meath Fingal LocalLink - We're agents for the National Transport Authority, which runs the LocalLink Programme.

We need to advise you that the NTA collects your personal data to provide and manage the programme. The data we need includes your name, address and contact details, as well as details of your Free Travel pass, if you have one. If you have mobility or other difficulties which may mean you'll need assistance to use the service, we'll need to make a note of that too. We'd also like to ask for your date of birth, which will be used solely for statistical purposes, but if you'd prefer not to give us that, you needn't. You can request that your personal data be removed at any time

Lastly, We want to assure you that the NTA, Louth Meath Fingal LocalLink, and all contractors used to provide the transport services are aware of and fully committed to protecting your privacy rights under data protection law.

If you happy to proceed, Please fill in the details below. Your signature is your consent to having your details entered to the National Transport Authority data system.

If you require help completing this form, please telephone us on: 046 9074830 or FREEPHONE: 1800 303 707

PERSONAL DETAILS

Please complete in BLOCK CAPITALS and answer ALL questions.

TITLE: MR MRS MISS MS OTHER

NAME:

ADDRESS:

Eircode:

Telephone: Mobile:

Do you hold a Free Travel Pass? yes no
Is your free travel-pass a companion pass? yes no
Date of Birth:

ELIGIBLE MEMBERSHIP CRITERIA

This section is to confirm that you are eligible to use the Services

- I live in a rural area;
- I have difficulty accessing everyday services due to lack of public transport.

EMERGENCY CONTACT DETAILS

This section is optional but it would help us if you nominated a relative, friend or neighbour who could be contacted on your behalf in the event of an emergency

NAME:

Relationship to you:

Contact number:

TELL US ABOUT YOURSELF

This section is being used so that we can tell the driver of your Flexibus service what additional assistance you may require.

Please let us know what kind of assistance you need.	Please tick
1. I require assistance getting from my home to the vehicle	
2. I use a wheelchair; My wheelchair is a: Power chair <input type="checkbox"/> Manual chair <input type="checkbox"/>	
3. I can transfer from my wheelchair to a seat	
4. I can't transfer from my wheelchair to a seat	
5. I require assistance to transfer from my wheelchair to a seat	
6. I have a medical certificate exempting me from wearing a seatbelt (Please enclose a copy of your certificate)	
7. I require an essential companion(s) to travel with me.	
8. I have dependants who may travel with me; i.e. I am personally responsible for the care of a child, elderly person or a person with a disability.	
9. I have an assistance dog.	
10. I have a hearing difficulty	
11. I have a visual impairment	
12. I have a speech impediment	