

**Age Group:**

Under 18  19 -30  31 - 50  51 - 70  71+

**Employment Status:**

If you use a wheelchair, what type is it? Manual  Powered

Do you require your Personal Assistant to travel with you? Yes  No

What day of the week / times would you require the service? \_\_\_\_\_

For what type of journey/trip? \_\_\_\_\_

**HEALTH:** It is important for us to know your current medical status  
Please tick box(s) below as appropriate.

Arthritis  Heart & Blood Disorders  Stroke

Sight, Speech or Hearing Impairment

Learning Disability  Physical Disability

Back or Walking Problems  Respiratory Problems

Nerve Disorders (Anxiety / Depression)  Elderly / Frail

Dementia  Other (please state) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

ACTS relies on the information provided by members and family. In the event of any change in a members health/mobility condition, ACTS must be immediately advised in order to plan the members transport needs.



Assisted by Pobal Community Services Programme



Travel Club



Accessible,  
Door to Door  
Transport,  
for people with  
limited mobility

Unit 1, Ballyogan Business Park, Ballyogan Road, Dublin 18

Phone: 292 1573 / 292 1574

Mob: 087 782 9300

Email: [info@actsltd.ie](mailto:info@actsltd.ie) Web: [actsltd.ie](http://actsltd.ie)

## MEMBERSHIP APPLICATION FORM

Accessible Affordable Transport in your Local Community

### HOW WE OPERATE:

*We are a Travel Club for people with mobility difficulties.  
We are not a taxi company, you must book 48 hours in advance.  
Our scheduling staff will let you know, within 10-15 minutes, if we can take the booking you are requesting.*

# A.C.T.S. TRAVEL CLUB

Founded in January 2002 A.C.T.S. operates as a Travel Club. Membership is open to people of all ages with varying disabilities and mobility difficulties.

A.C.T.S. fleet of eight, 8 seater Minibuses, each with a capacity for up to 3 wheelchairs, provides a personalised Door-to-Door service for our Club members to get to work, shopping, meeting or to socialise. We also have a 15 seater, accessible Minibus & a single occupancy vehicle.

We operate across South and West Dublin from Dun Laoghaire to Clondalkin providing a localised services on a seven day basis.

## OUR GUARANTEE

- Our primary objective is to ensure the comfort and safety of our members.
- We employ only fully trained and experienced drivers.
- All A.C.T.S. vehicles are fitted with Ricon lifts and are fully insured.
- We make provision for members to be accompanied by a carer.

## PLEASE NOTE:

1. ACTS will only pick up and drop off at the agreed points. There can be no variation in this, unless agreed at least 24 hrs prior to the collection, with the office.
2. ACTS relies on the information provided by the member in relation to their medical health and particular transport needs.
3. In the event where ACTS is of the opinion that there is a deterioration in the members health/mobility which would give cause for concern to ACTS, then ACTS will reserve the right to contact their designated family member or guardian.
4. In the event that a members medical condition deteriorates or they are unable to manage their own affairs, then a new contract will have to be drawn up with the designated contact person.
5. ACTS staff members are not medically trained - our role is one of transport only. ACTS does not accept any responsibility in relation to members once they have left ACTS minibuses and have been escorted to their door
6. In the event a member cannot fend for him/herself, and is dropped back at an agreed time and destination, a carer or family member must be present on the return time. In the event the carer or family member is consistently late, ACTS will impose a late fine, or disengage services.

## MEMBER DETAILS (Please use Block Capitals)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel (Home) \_\_\_\_\_ Tel (Work) \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact person in case of emergency/change to booking: \_\_\_\_\_

Contact No: \_\_\_\_\_

Relationship with the above? (spouse, daughter,) \_\_\_\_\_

## ACCOUNT DETAILS

Please give name of person looking after the account if different from above name:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact No. Tel (Home) \_\_\_\_\_ Mobile \_\_\_\_\_

What do you intend to use our service for? Please tick relevant boxes

Work  Education  Day Care Centre  Hospital  Shopping

Trains/Boats/Planes  Social  Medical Appointments

Home visits (from Nursing Homes, etc.)  Other  Please State \_\_\_\_\_

By obtaining these details, we will know your transport needs and how best to assist you.

