

**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 \_\_\_\_\_

*What day of the week and time do you expect to require the service? By obtaining these details, we will know your transport needs and how best to assist you.*

**What mobility Aids do you Use: Please tick most appropriate**

<input type="checkbox"/> Power Chair	<input type="checkbox"/> Walking Stick/Crutches
<input type="checkbox"/> Manual Chair	<input type="checkbox"/> Guide Dog
<input type="checkbox"/> Wheelchair Transfer	<input type="checkbox"/> Personal Assistant
<input type="checkbox"/> Walking Frame	

**How did you hear about ACTS?** \_\_\_\_\_

**DECLARATION:**

*I declare that the information I have provided is true and correct and I have read and agree to your Privacy Statement*

**Signed applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

-----  
*Signed on behalf of applicant*

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

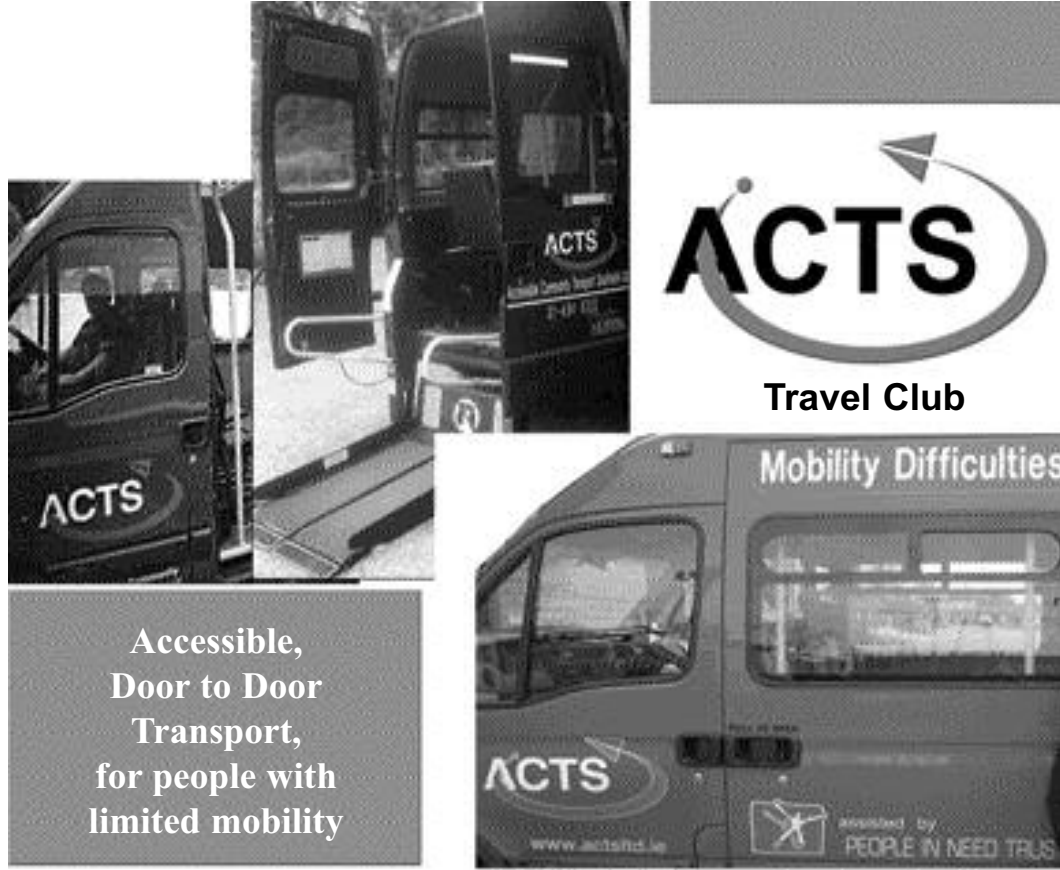
**Print Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**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



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

**Unit 9A, Nutgrove Enterprise Park, Nutgrove Way,  
Rathfarnham, D14 A8P7  
Phone: 292 1573 / 292 1574  
Email: info@actsltd.ie Web: actsltd.ie**

**INDIVIDUAL MEMBERSHIP  
APPLICATION FORM**

**Accessible Affordable Transport in your Local Community**

**HOW WE OPERATE:**

*We ask that you book at least 48 hours in advance the more notice given the better chance of getting a specific time but we will try to accommodate any emergencies you may have booking.*

**Office Hours: 8.45 - 16.45 Monday - Friday**

# 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

We operate across South and West Dublin from Dun Laoghaire to Tallaght 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) \_\_\_\_\_ Date of Birth \_\_\_\_\_

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: \_\_\_\_\_

Email & Contact: \_\_\_\_\_

*The joining fee for Travel Club is €30.00, which can be paid by card, over the phone, or by posting a cheque or postal order.*

## ELIGIBILITY

This must be completed by all applicants. It gives us information about you so that a decision can be made about whether you meet the ACTS criteria for membership.

Please tick most appropriate:

Person with a Disability  
Older Person (65 plus years of age with mobility difficulties)

