



CITY OF CAPE TOWN | ISIXEKO SASEKAPA | STAD KAAPSTAD

DIAL-A-RIDE

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CITY OF CAPE TOWN
PO BOX 298
CAPE TOWN
8001

THIS CITY WORKS FOR YOU

APPLICATION FOR THE DIAL-A-RIDE PUBLIC TRANSPORT SERVICE

Please use capital letters only and tick applicable blocks.

Please note that partially completed forms will not be accepted.

To be completed by or on behalf of the applicant.

The City of Cape Town reserves the right to make the final decision regarding admission to the service.

APPLICANT'S PERSONAL DETAILS

First name/s

Surname

Residential address

code

Postal address

code

Working hours to

Work address

code

Gender (please mark with x) male female

ID number

Date of birth

Contact tel no. Home Work Mobile

E-mail address (if any)

Preferred language English Afrikaans Xhosa Other

Contact name in case of emergency relationship to applicant

What is the disability that prevents you from using public transport?

is your disability permanent or temporary? permanent temporary - until don't know

Do you use any of the following aids for mobility? (tick all that apply)

manual wheelchair

electric wheelchair

power scooter

cane

crutches

walking aid

quad cane

service animal

Other

If your mobility device is other than a standard wheelchair, please list;

make model width length

Will you require a personal care attendant to accompany you during travel. yes no

Have you completed any mobility instructions ? yes in progress no

Have you previously applied to be registered for the Dial-a-Ride Public Transport Service? yes no

In my opinion, I am unable to utilise existing public transport as it does not accommodate my disability. I confirm that I am medically fit and able to travel the Dial-a-Ride public transport service. I fully understand the conditions of carriage for the service and agree to abide therewith.

I therefore apply to be registered for the service.

Signed by or on behalf of the applicant:

Date:

Name printed in full:

Please return this form with a stamped self-addressed envelope to the following address :

Dial-a-Ride, City of Cape Town,

PO Box 298, Cape Town, 8001

Attention: Mr M Skriker

If you have not received any notification within three weeks from submitting the application, please phone the Dial-a-Ride toll-free number 0800 600 895 for any information.

All information is confidential and will not be used by other parties except for Dial-a-Ride public transport service purposes.

FOR OFFICIAL USE ONLY

Application no.		sent to ot / mi	ot / mi	date of evaluation	yyyy: mm: dd
Date received application	yyyy: mm: dd	date sent	yyyy: mm: dd	icf rating from ot	
Application referred	y/n	further evaluation required?	y/n	application accepted	y/n
Reply sent to applicant	yyyy: mm: dd	reply sent to applicant	yyyy: mm: dd	reply sent to applicant	yyyy: mm: dd