

Cowal Dial-a-Bus Application Form  
for people with mobility problems

[www.argyll-bute.gov.uk](http://www.argyll-bute.gov.uk)

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Mr / Mrs / Miss / Ms (delete as appropriate)

Surname .....

Forenames .....

Address .....

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Post Code ..... Tel. No. ....

Date of Birth \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

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DETBT.....



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- |   |                  |                       |
|---|------------------|-----------------------|
| 4. Are you 80 years old or over?              | Yes              | No                    |
| 5. Do you have profound hearing difficulties? | Yes              | No                    |
| 6. Do you use a wheelchair?                   | Yes              | No                    |
| If yes, is it:                                | battery operated | or, manually operated |
| 7. Do you have a guide dog/hearing dog?       | Yes              | No                    |
| 8. Do you use either of the following:        |                  |                       |
| walking stick                                 | zimmer           | frame                 |
| 9. Do you need to take an escort?             | Yes              | No                    |

Please supply photocopies of any documents you have which verify items where you have ticked yes.

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What is the medical condition that makes you unable to use, or makes it very difficult for you to use