



COMMUNITY BUS PASSENGER REGISTRATION FORM

Please complete this form if you would like to register for the community bus service between Maldon and Castlemaine.

NAME Ms/Mrs/Miss/Mr _____

ADDRESS _____

PHONE Home _____ Mobile _____

Mobile _____ Email _____

EMERGENCY CONTACT

NAME Ms/Mrs/Miss/Mr _____

PHONE Home _____ Mobile _____

MEDICAL INFORMATION

DISABILITIES

Do you have any disabilities? No Yes, please give details:

MEDICAL CONDITIONS/ILLNESSES

Are there any medical conditions/illnesses we should be aware of?

**PLEASE RETURN THIS FORM TO MALDON NEIGHBOURHOOD CENTRE, 1 CHURCH ST
MALDON 3463**

PRIVACY NOTE

The personal/health information requested on this form is being collected by the Maldon Neighbourhood Centre Inc. for the purposes of community bus transport. The information will be used solely by the Maldon Neighbourhood Inc in accordance with our Privacy and Confidentiality Policy.

