

# Pooled Dial-a-Ride Service Application Form



香港復康會  
The Hong Kong Society  
for Rehabilitation  
復康巴士  
Rehabus

Ref No. : \_\_\_\_\_

(1) Name of Passenger \_\_\_\_\_

(2) I.D. Card No.: 

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 Prefix and the first 4 digits

(3) Telephone No.: Home \_\_\_\_\_ Mobile \_\_\_\_\_

(4) 《For Communication》 Name of Organization \_\_\_\_\_

Name of Staff \_\_\_\_\_ Contact No. \_\_\_\_\_ Fax No. \_\_\_\_\_

(5) Disability Conditions

Electrical – Wheelchair bound  Wheelchair- bound, incapable of transferring seat

Wheelchair-bound, capable of transferring seat  Buggy

Crutches / Calipers  Blind

Others (Please describe) \_\_\_\_\_

Escort required (Please state reasons) \_\_\_\_\_

Name of escort \_\_\_\_\_

(6) Purpose of Use

Employment  Schooling  Training  Medical Treatment

Others(Please state) \_\_\_\_\_

(7) Please specify what transportation means you are using now or will use if there is no Rehabus service available for you. (Note: As stipulated by policy, applicant who has an alternative means of transport provided by concerned school/institution is not eligible for PDAR.)

\_\_\_\_\_

(8) Home Address

\_\_\_\_\_

(9) Service Application details:

Weekly	Time	Boarding place	Alighting place

(10) Signature of Applicant / Applicant's Guardian \_\_\_\_\_ (11) Date \_\_\_\_\_

We would contact you within 1 week after receiving the application form.

### 【OFFICE USE ONLY】

Application receipt date : \_\_\_\_\_ Processing date : \_\_\_\_\_

Staff signature : \_\_\_\_\_

Remark: