



MyBus fast track booking form

We recommend that you register your details prior to booking MyBus by completing and returning this form, along with a recent passport sized photograph for your fast track booking card. This will speed up the booking process and enable you to let us know about any special requirements you may have such as requiring a wheelchair space.

Completed forms, photographs and any supporting documentation required should be sent to: SPT, MyBus, Buchanan Bus Station, Killermont Street, Glasgow, G2 3NW.

Personal Information						
Title:						
Surname:						
Forename(s):						
Date of birth:					Please rememb	
Address:					passport sized photograph	I .
Town:						
City:						
Post code:						
Telephone number:						
Mobile telephone number:						
E-mail:						
Concessionary travel inforr	nation					
Do you have a concessionary travel card?		Yes		No [
If yes:						
Please indicate what category of card this is?		Disabled		Blind	Elderly	
Is this a companion card?		Yes		No		
Please provide your travel card number						
Allowances						
If you are in receipt of any of the al	lowances listed below, pl	ease enclose	e evidence	(award lette	r) when returning thi	s form.
Attendance allowance		Yes		No		
Disability living allowance mobility component (higher rate)		Yes		No [
PIP Mobility (enhanced rate)		Yes		No		
War pensioners' mobility supplement		Yes		No		
Accessibility requirements						
Are you severly sight impaired (registered blind)?		Yes		No		
If yes, please provide your registration number:					_	
Do you have hearing difficulties?		Yes		No		
Do you use a wheelchair?		Yes		No		

Do you have a guide dog?	Yes No	
Do you use a walking stick or a walking frame?	Yes No	
Do you need to take an escort to accompany you on journ	eys? Yes No	
Do you have a medical condition that prevents you from uor makes it very difficult for you to use public transport?	sing Yes No	
If yes, please provide details		
To enable us to facilitate your accessibility requirements, Please provide your doctors details below.	ve may contact your doctor for furt	her information.
Doctor:	Tel no:	
Declaration		
Please read the following information carefully before si	gning:	
I consent to the processing by Strathclyde Partnership for and for the purposes outlined in, the information notice c		uding special category data) shown in,
Signature:	Date:	
General Data Protection Regulation		
required to provide you, the data subject, with notice of the will be/are processing your data, the source of the data the will be/are processing your data, the source of the data the will be/are processing your data, the source of the data the will be personal details such as name, address and date of biouted details relating to health; employment details. In carrying out the above purposes, we may transfer personata relating to you to the following third parties: unitary authorities; medical practitioners; medical practitioners;	we process and who we might so we process the above do th; to administer the My to make decisions re to develop improvem to develop new schele to monitor the effect market research and training and testing pour training and testing pour health. We require your explicit tration form you are providing you as data subject, you have a number ats is a subject access right. In effectich is held in our electronic and/or	hare it with. ata for the following purposes: /Bus scheme; lating to eligibility under the scheme; nents to the scheme; mes; tiveness and efficiency of the scheme; analysis; ourposes. afformation from relevant health at may be necessary for us to process consent to process such data. r explicit consent for us to process your r of rights under the GDPR in relation ct this means that you have the right manual records. If you want to exercise
to the Senior Legal Advisor at SPT, 131 St Vincent Street, C	asgow G2 5JF.	
How did you hear about the MyBus service?		
Newspaper/Magazine Leaflet Leaflet	Radio	Word of Mouth
Social Media Poster	Other	
I would like to receive the MyBus newsletter to keep informed of service updates.		
Check list		Please return to:
Completed and signed form Recent passport s	zed photograph	SPT, MyBus Buchanan Bus Station
Evidence of any Department for Work and Pensions allow	ance (if required)	Killermont Street Glasgow G2 3NW