Taxicard Voucher Booklet Request Form

To purchase booklets of Taxicard vouchers, please fill out this form, and return with payment (see below for payment options)

Name: .............................................................................................................................................................
Address: ...........................................................................................................................................................
........................................................................................................................................ Postcode: ................................

Membership number (leave blank if unknown) ..................................................................................................

Please send me

----------- voucher booklets of 10 vouchers @ £7.50 per booklet
----------- voucher booklets of 20 vouchers @ £15 per booklet

Total: £ ........................................

Payment options
We accept payment by cheque or postal order made payable to “Cambridgeshire County Council”. Please do not send cash.

PLEASE RETURN COMPLETED FORMS TO
Community Transport Officer
Cambridgeshire County Council
Passenger Transport
Box CC1302
Castle Court, Castle Hill
Cambridge
CB3 0AP

For more information on the Taxicard Scheme or on Community Transport in your area:
t: 01223 715606 e: community.transport@cambridgeshire.gov.uk

If you would like a copy of the text in this leaflet in large print, Braille, audio tape or in another language please call 01223 715606.
What is the Taxicard Scheme?

The Taxicard Scheme aims to provide assistance towards the cost of taxi journeys for people who have difficulties getting or using public transport. The scheme is restricted to those in the parishes of Fen Ditton, Horningsea and Teversham and is mainly for essential purposes, such as medical appointments or shopping.

How does the scheme work?

The scheme is simple to use. Certain taxi operators in your area accept Taxicard vouchers as means of payment. Each voucher has a value of £2.50 (two pounds and fifty pence), but only costs you 0.75 pence. If, for example, your taxi fare is £10.00, then you can either use 4 vouchers, or 1 voucher and pay the remaining £7.50 in cash, and so on. In addition, if you share a taxi with other Taxicard holders, the other person’s (or people’s) vouchers can also be used towards the cost of the journey. A booklet of 10 vouchers costs £7.50, whereas a booklet of 20 vouchers costs £15. Booklets of vouchers can be bought from Cambridgeshire County Council.

How do I apply?

Before you can purchase vouchers, you have to become a member by filling out the membership form and returning it by post to Cambridgeshire County Council. You will also need to submit copies of proof of eligibility. If you have any questions about what proof is acceptable, please contact 01223 715606. You will need to renew your membership annually by filling out and returning a new membership form each year.

How do I purchase vouchers?

You can order vouchers by post by filling out the Taxicard Voucher Booklet Request Form and return it with a cheque or postal order for the correct amount payable to ‘Cambridgeshire County Council’. Each member can purchase up to 60 vouchers per year.

How to book a taxi

To make sure you book your journey with a participating taxi company, see the inside cover of your voucher booklet for a list of participating companies. When booking a journey, do not forget to mention you are a Taxicard member. Taxicard scheme vouchers are also accepted on Cambridge Dial-a-Ride services.

Application Form

please use CAPITAL LETTERS when completing this form

Mr/Mrs/Miss/Ms: ..............

Surname: _______________________________ Forename: _______________________________

Address: _______________________________ Post Code: _______________________________

Tel no: _______________________________ Date of Birth: _______________________________

I am eligible to join the Taxicard Scheme because:

1. I receive a disability related benefit (please supply copy of benefit letter)
2. I am registered blind or partially sighted (please supply copy of proof)
3. I am aged between 16 and 60, have no access to public transport and do not have access to my own means of transport (please supply proof of address)
4. I am 60 years of age or over (please supply proof of age)

DECLARATION

I confirm that all information I have given is correct and accept the conditions of the scheme, as set out in this leaflet.

Signed: _______________________________ Date: _______________________________

If signing of behalf of the applicant, please sign below and state your relationship to them.

Signed: _______________________________ Date: _______________________________

Relationship: _______________________________

For Staff Use Only

Staff Initials: _______________________________

Membership Card No: _______________________________

Date issued: _______________________________

Proof of eligibility enclosed: _______________________________