



# Pegasus Application Form

(\* Denotes mandatory field)

Surname\* .....

First name\* .....

Address line 1\* .....

Town/City\* .....

County\* .....

Postcode\* .....

Home phone number .....

Mobile phone number .....

Email address .....

Preferred method of contact\* (please circle)

Home telephone

Mobile

Text

Email



Do you wish your details to be shared with (please circle) -

East Midlands Ambulance Service EMAS (Nottinghamshire)      Yes / No  
Nottinghamshire Fire & Rescue Service                                      Yes / No

Sharing your details will enable you to use your Pegasus PIN when contacting these services.

**PLEASE COMPLETE THE OTHER SIDE OF THIS FORM**

You can, if you wish, nominate one or two trusted persons that we can contact in an emergency. Please consult with them and obtain their permission beforehand.

**Trusted person 1**

Name .....

Address .....

.....

Telephone number .....

Mobile number .....

**Trusted person 2**

Name .....

Address .....

.....

Telephone number .....

Mobile number .....



Please Note: emergencies can happen 24/7, so if there are times when you would prefer us NOT to contact your trusted person(s) then please indicate those times here .....

**Your Disability/Impairment\***

.....

**Explain how your disability/impairment affects your day to day life\***

.....

.....

.....

**Are you deaf, hard of hearing or speech-impaired? .....**

**Please return your completed form to - Nottinghamshire Police Pegasus Scheme,  
HQ (Demand Management), Sherwood Lodge, Arnold, Nottingham, NG5 8PP**

**You can also save this form after completed and send it to [pegasus@nottinghamshire.pnn.police.uk](mailto:pegasus@nottinghamshire.pnn.police.uk)**