

Group registration form



Date submitted:

Information about your group

Name of group

Number of members

Where does the group meet?

What is the venue's phone number?

What are the group's objectives?

Which of the following people does your group include? Please tick more than one box if necessary.

Disabled people

Older people

Leisure

Lunch Club

Religious

Ethnic minority

Sport

Women

Youth

Play Scheme

Under 5s

Education

Other (please detail below)

Is the main reason that your group needs to use community transport to assist elderly or disabled people?

Yes

No

Are more than 50% of your group members that need community transport elderly or disabled?

Yes (if so please complete the 'ADDITIONAL QUESTIONS' section below)

No (please ignore the 'ADDITIONAL QUESTIONS' section and move to the 'Group organiser contact details section')

ADDITIONAL QUESTIONS

What is the primary purpose of your group?

Nursing or residential home

Day care centre for elderly

Sheltered housing complex

Day care centre for disabled people

Elderly persons' lunch club

Day care centre for the mentally ill

Organisation for disabled people

Organisation for frail elderly people

Organisation for people with learning difficulties

Other - please detail below

Other (please detail the primary purpose of your group)

Please confirm that:

I agree to provide further details if Sheffield Community Transport needs them to confirm our eligibility for support and access funding from South Yorkshire Passenger Transport Executive.

I consent to the information about my group to be made available to South Yorkshire Passenger Transport Executive and its authorised agents.

Group organiser contact details

First name

Surname

Address

Postcode

Landline phone number

Mobile phone number

Email address

Should we send our invoice to the individual named above?

Yes *(please proceed to the 'Drivers' contact details' section)*

No *(please complete the 'Group finance contact details section' below)*

Group finance contact details

Finance contact's first name

Finance contact's surname

Their address

Their postcode

Their landline phone number

Their mobile phone number

Their email address

Drivers' contact details

Please give us details of your proposed drivers. Your drivers must have completed the MiDAS Driver Accreditation Scheme.

Are you able to provide your own drivers?

Yes (please provide us with their details below)

No

Name of first driver

Name of second driver

Address of first driver

Address of second driver

Postcode

Postcode

Phone number (day time)

Phone number (day time)

Monitoring information

How did you hear about Sheffield Community Transport?

From publicity materials

Word of mouth

I've seen your buses

Other

If you selected 'Other' above please tell us how you heard about us

Declaration

In submitting this application I confirm that:

All the information I have supplied is accurate;

I wish to register the above group with Sheffield Community Transport to enable us to use the group travel community transport service.

I will advise you of any significant changes to the group's work and our contact details.

I agree to abide by Sheffield Community Transport's Conditions of Hire, Equal Opportunities and Health & Safety Policies. Click on the link titled 'Our Policies' below to see these policies.

I undertake to be responsible for the conduct of the above group whilst using the vehicles provided by Sheffield Community Transport.