



ANNUAL MEMBERSHIP 2017-18 (RBKC MEMBER RENEWAL)

To register as a user of our Group Transport Services up to and including the 31st March 2018 please complete this form & return it with payment for the appropriate amount (payment can be made via the website, by telephone payment, by cheque or made in person at our offices).

- Are you a Voluntary Organisation working in RBKC with an income of over £5,000 per year? We agree to pay a registration fee of **£35**
- Are you a Voluntary Organisation working in RBKC with an income less than £5,000 per year **and** will use the service less than 6 times per year? We agree to pay a registration fee of **£7.50**
- We are a Statutory Organisation? We agree to pay a registration fee of **£35**

Our Annual Income is £_____

ORGANISATION / GROUP _____

Address _____

POST CODE _____ **London Borough/County** _____

Telephone Number(s) _____

Email Address _____

Please briefly outline your main activities and the people you serve:

Name, telephone number & email address of people authorised to make bookings:

FOR INVOICING:

Name, address, telephone no & email address (if different from above)

Please sign the following statement: (we require two contact details and signatures)

- We are a bona fide community organisation serving the needs of the community
- We wish to affiliate with WESTWAY CT. We have read & agree to abide by all the conditions of use set out overleaf & on our web site
- We declare that the above information is correct. We are authorised to make this commitment on behalf of our organisation & understand & accept the liabilities
- **We enclose a cheque or BACS remittance advice for the due amount**

Title _____

Name _____

Contact Details/Address _____

Position _____

Signed _____ **Date** _____

Title _____

Name _____

Contact Details/Address _____

Position _____

Signed _____ **Date** _____

WESTWAY CT User Questionnaire

Please complete the following questionnaire, this information is required by our fund providers and is therefore essential. It's your CT and we want to ensure that it is responsive to all our members needs.

Please select ONE only from each of the following service codes and group categories that best describes your group/organisation:

Organisation Type (select one only)

- Advice/Counselling
- Arts
- Community Assoc/Centre
- Disability
- Elderly
- Education
- Gay/Lesbian & Transgender
- Health
- Housing/Homeless
- Mental Health
- Self Help/Support
- Sport
- Student Body
- Tenants/Residents Assoc
- Under Eights
- Women
- Youth
- Other (please specify)

Funding Type (select one only)

- Registered Charity / Voluntary Organisation or Community Group
- RBKC Council Dept
- Other Statutory Organisation
- Health Authority
- School / College
- Religious
- Local Self Help Group
- Other (please specify)

Passenger Type (select one only)

- Children
- Disabled People
- Elderly
- Ethnic Minority
- Young People
- Mixed
- Other (please specify)

Primary Activity (select one only)

- | | |
|---|---|
| Education <input type="checkbox"/> | Recreation <input type="checkbox"/> |
| Employment <input type="checkbox"/> | Shopping <input type="checkbox"/> |
| Health <input type="checkbox"/> | Social <input type="checkbox"/> |
| Leisure <input type="checkbox"/> | Social Welfare <input type="checkbox"/> |
| Other (please specify) <input type="checkbox"/> | |

Ethnicity Categories (select one only)

- White**
- British
- Irish
- Other European
- Any other White background
- Black or Black British**
- Caribbean
- African
- Somali
- Any other Black background
- Asian or Asian British**
- African Indian
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
- Mixed**
- White & Black Caribbean
- White & Black African
- White & Asian
- Any other Mixed background
- Any other group**
- Moroccan Arab
- Other Arab
- Chinese
- Filipino
- Any other ethnic background
- All Ethnic Backgrounds**
- Not recorded**

Are any of your users/members disabled ?

Yes No

Is your group/organisation predominantly:

Male Female Mixed

Please indicate your preferred method of payment, as cheques are becoming less popular we are looking at alternative methods of payment.

Cheque BACS
 Internet Banking Via web site

Would you like to receive regular news about Westway CT?:

Yes No

Preferred email address _____

Please tell us where you heard about Westway CT: _____

In everything we do we commit to being reliable, respectful, fair, ethical and sustainable and in order to work to this it would be helpful to have your feedback. Please take a few minutes to complete the questions below, so that we can continue to improve and tailor our services to meet your needs.

Are you the person who usually makes Minibus bookings ? If not, please ask the person who usually makes bookings to complete these questions.

1. How would you rate our overall performance, from initial enquiry to the delivery of services?

Excellent Good Reasonable Poor

2. Please indicate how we respond to the following:

	Excellent	Good	Reasonable	Poor
General issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How satisfied are you with the following?

	Satisfied	Neutral	Dissatisfied
Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charge rates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please choose your preferred booking method:

Email Over the telephone Online booking form Fax

5. What do you value most when choosing a transport provider? _____

6. Do you use any other transport providers? If yes please tell us who, how often and why?

Yes _____ No

7. Are you aware of the range of Training Services that we offer?

Yes No

8. Would you recommend us to another person/organisation?

Yes No Please tell us why not? _____

9. Is there anything you think we could do better? _____

10. Do you have any comments you would like to add? _____

CONDITIONS OF USE

1. All user groups must be registered, paid up members of WESTWAY CT.
2. Vehicles **MUST** not be used for private or individual gain or for party political purposes.
3. No **DRUGS** or **ALCOHOL** may be carried or consumed on any of the vehicles.
4. **SMOKING** in a Westway CT vehicle is against the law and strictly forbidden.
5. Vehicles must not be used to carry more passengers than the number of seats or wheelchair spaces provided. Minibuses may only be used to carry passengers and their hand luggage.
6. WESTWAY CT vehicles may only be used for trips within the UK.
7. All bookings are accepted subject to any additional conditions laid down at the by WESTWAY CT at the time.
8. WESTWAY CT cannot accept responsibility or liability for the loss or inconvenience of booking difficulties/ cancellations caused by unforeseen circumstances such as vehicle breakdown, bad weather, etc.
9. Vehicle, keys and fully completed log sheets must be returned in fit and clean conditions on the date and time agreed when bookings are made.
10. Any charges that apply will be those that are in force at the time of use and not at the time of booking.
11. Users must pay outstanding balances within 7 days of the original invoice date. Interest charges may be levied beyond this period. (WESTWAY CT reserves the right to levy charges for copy invoices.)
12. Credit limits will be set for each member group according to their payment history and level of use. (WESTWAY CT reserves the right to ask for advance deposits.)
13. Drivers must comply with current insurance¹ regulations, be registered with WESTWAY CT and hold a current MIDAS² certificate. (They must notify WESTWAY CT of any changes to their licenses or any at fault accidents.) WESTWAY CT reserves the right to suspend or re-call drivers for further training at any time.
14. Drivers must inspect vehicles prior to driving, as per the logsheet checklist, and report any existing damage or defects, including any that occur on route.³
15. All accidents, unforeseen incidents, motoring offences or parking penalties must be reported immediately.
16. Any parking tickets, congestion charges or other excess payments incurred during a booking period are the responsibility of the user.
17. Members are liable for the current insurance excess sum of £250.00 for "at fault" vehicle accident damage.
18. WESTWAY CT require 48 hours (working days) notice of cancellations by email or fax and reserve the right to make charges in line with the full sessional and driver charges⁴ relating to any cancelled booking beyond this period.
19. WESTWAY CT is not responsible for undertaking police checks/references on drivers, passenger assistants, etc. that are not supplied by us.

FAILURE TO OBSERVE THESE CONDITIONS MAY RESULT IN WESTWAY CT HAVING TO LEVY ADDITIONAL CHARGES, BAN DRIVERS, DECLINE FURTHER BOOKINGS OR REVOKE MEMBERSHIP.

¹ Drivers must be 21 and under 70 and have held a full, clean UK (D1) license for 2 years. Drivers over 70 years of age may be acceptable, subject to additional insurance excess agreements. Inability to supply a current driving license (both parts) on request for a license check will incur an admin fee of £5.00 plus VAT for using the DVLA license checking service.

² Minibus Driver Awareness Scheme - WESTWAY CT provides in-house training & assessments.

³ Drivers are liable to police prosecution if found to be driving a defective vehicle.

⁴ Driver charges will apply 30 minutes prior to pick up (allowing for vehicle checks and travelling time), and 30 minutes after drop off, unless a longer period is needed. i.e. the collection point is more than 30 minutes travel to/from WESTWAY CT.