



RBKC ANNUAL MEMBERSHIP FORM 2021-22

To register as a user of our Group Transport Services up to and including the 31st March 2021 please complete this form & return it with payment for the appropriate amount (see payment options on page 4).

- We are a returning member renewing our membership.
- We are applying to become a new member of Westway CT.

ORGANISATION / GROUP NAME _____

Address _____

Postcode _____ **London Borough/County** _____

Telephone Number(s) _____

- We are a Voluntary Organisation working in RBKC with an income of over £5,000 per year. We agree to pay a registration fee of **£35 (New members £36 includes £1 share, a separate shareholder's form will also need to be completed)**
- We are 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 (New members £8.50 includes £1 share, a separate shareholder's form will also need to be completed)**
- We are a Statutory Organisation. We agree to pay a registration fee of **£35 (New members £36 includes £1 share, a separate shareholder's form will also need to be completed)**

We have an annual income of £ _____

We enclose for the amount due:

- Cheque
- BACS remittance advice (Sort Code: 40 05 08 and Account No: 61161237).

We will pay the due amount:

- by credit/debit card (via telephone)
- (via our Website) westwayct.org.uk/make-a-payment

INVOICING CONTACT PERSON

Title _____

Name _____

Position _____

Email _____

Please complete all pages, paying special attention to page 4

**WESTWAY COMMUNITY TRANSPORT (GROUP TRANSPORT SERVICE)
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.

Please add the individual details below for each person who is approved to book services on behalf of your organisation/group. (The Manager / Trustee account contacts at the bottom of the page will also be registered as approved persons, up to 4 named individuals can be added).

You can view/read Westway CT's Privacy Notice in the footer section of our website www.westwayct.org.uk which explains how we collect and use your personal information.

Staff Member / Volunteer 1:
(a person who is approved to make bookings)

Title _____
Name _____
Email _____

Please ask the person named above to complete and sign the below:
Are you happy to receive our marketing communications?
Yes No

If yes, please choose your communications preferences.
 Email Direct Mail / Post
 Text Message Telephone

Signed _____ Date _____

Staff Member / Volunteer 2:
(a person who is approved to make bookings)

Title _____
Name _____
Email _____

Please ask the person named above to complete and sign the below:
Are you happy to receive our marketing communications?
Yes No

If yes, please choose your communications preferences.
 Email Direct Mail / Post
 Text Message Telephone

Signed _____ Date _____

We require two Management / Trustee contact details and signatures below, to agree to the following statements:

- We are a bona fide community organisation serving the needs of the community.
- We wish to affiliate with WESTWAY CT. We have read and agree to abide by all the conditions of use set out overleaf and on our web site.
- We declare that the information provided is correct. We are authorised to make this commitment on behalf of our organisation and understand and accept the liabilities.

Senior Manager / Trustee 1:

Title _____
Name _____
Address _____

Email _____
Position _____

Occasionally we will send you information about the latest news and offers etc.

Are you happy to receive these communications?
Yes No

If yes, please choose your communications preferences.
 Email Direct Mail / Post
 Text Message Telephone

Signed _____ Date _____

Senior Manager / Trustee 2:

Title _____
Name _____
Address _____

Email _____
Position _____

Occasionally we will send you information about the latest news and offers etc.

Are you happy to receive these communications?
Yes No

If yes, please choose your communications preferences.
 Email Direct Mail / Post
 Text Message Telephone

Signed _____ Date _____

Please email data@westwayct.org.uk should you wish to change or stop marketing communications

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
- LGBTQI+
- 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 Recreation
- Employment Shopping
- Health Social
- Leisure Social Welfare
- Other (please specify)

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 tell us where you heard about

Westway CT:

- Internet Search Word of Mouth
- Marketing Material Referred by existing member
- Other (please specify)

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

Pages 6 & 7
Shareholders Form is for
NEW
Members only
Please see form for details

Shareholders form.

Please complete the following ticking boxes and answering yes or no where required

ORGANISATION / GROUP NAME _____

Address _____

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

Telephone Number(s) _____

Please circle the following:

Is your organisation a voluntary organisation? **Yes / No**

Is your organisation a statutory body? **Yes / No**
(Westway CT can only be used for non-statutory community services provided by statutory bodies)

Are you one of the following?

Registered Charity **Yes / No** if Yes registered number _____

Limited Company **Yes / No** if Yes registered number _____

IPS or Friendly Society **Yes / No** if Yes registered number _____

If you are not one of the above please state how your group is constituted _____

We wish to become a Member organisation and Shareholder of Westway CT:

- We enclose a copy of our organisation's Constitution and Standing Orders
- We agree to pay **£1** to be our share as required under the Registered Society rules
- We are aware of the Society's rules that are available on the organisations website
- Our organisation agrees to pay the Annual Membership fee as decided by member organisations at general meetings of the society.
- We nominate _____ and _____
to be our representative (s) until further notice to WESTWAY CT

(This nomination must be signed by two members of your managing body on page 2)

Please complete all pages, paying special attention to page 2

Please add the individual details below for each managing body representative of your organisation/group.

You can view/read Westway CT's Privacy Notice in the footer section of our website www.westwayct.org.uk which explains how we collect and use your personal information.

Please sign below to agree to 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 and agree to abide by all the conditions of use set out on our web site.
 - We declare that the above information is correct. We are authorised to make this commitment on behalf of our organisation and understand and accept the liabilities.
 - **We enclose for the amount due:**
 - Cheque
 - BACS remittance advice (bank details are available on request).
- We will pay the due amount:**
- by credit/debit card (via telephone)

Manager / Trustee 1:

Title _____
Name _____
Address _____

Email _____
Position _____

Occasionally we will send you information about the latest news and offers etc.

Are you happy to receive these communications?
Yes No

If yes, please choose your communications preferences.

- Email
- Direct Mail / Post
- Text Message
- Telephone

Signed _____ Date _____

Manager / Trustee 2:

Title _____
Name _____
Address _____

Email _____
Position _____

Occasionally we will send you information about the latest news and offers etc.

Are you happy to receive these communications?
Yes No

If yes, please choose your communications preferences.

- Email
- Direct Mail / Post
- Text Message
- Telephone

Signed _____ Date _____

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