



## NON - RBKC (Out of Borough) 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 within a Borough other than RBKC.  
We agree to pay a registration fee of **£70.00**
- We are a Statutory Organisation working within a Borough other than RBKC.  
We agree to pay a registration fee of **£70.00**

**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](http://westwayct.org.uk/make-a-payment)

### INVOICING CONTACT PERSON

**Title** \_\_\_\_\_

**Name** \_\_\_\_\_

**Position** \_\_\_\_\_

**Email** \_\_\_\_\_

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](http://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](mailto: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:**

**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 insurance<sup>1</sup> regulations, be registered with WESTWAY CT and hold a current MIDAS<sup>2</sup> 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.<sup>3</sup>
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 charges<sup>4</sup> 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.**

<sup>1</sup> 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.

<sup>2</sup> Minibus Driver Awareness Scheme - WESTWAY CT provides in-house training & assessments.

<sup>3</sup> Drivers are liable to police prosecution if found to be driving a defective vehicle.

<sup>4</sup> 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.