



HOSPITAL CARS AND COMMUNITY LIFTS DRIVER APPLICATION FORM

YOUR DETAILS

Name..... DOB.....
Address.....
Phone landline.....
Phone mobile.....
Email.....

COMMUNICATION

We hope to send out requests for lifts using What's App. Is that OK for you?
Yes..... No.....

YOUR VEHICLE

What type of vehicle do you have?.....
How many people can you transport?.....
Does it have a boot?.....
When is your MoT due?.....

YOUR LICENCE

Driving Licence number.....
Valid from until.....

INSURANCE

Insurance company.....
Policy Number.....
Date of policy renewal.....

You must write to your insurance company to let them know that you are becoming a volunteer driver. This should not affect your policy. Please ask for written confirmation from them.

VOLUNTEERING

How often do you hope to volunteer? (You don't have to be specific or be tied to any particular amount but useful for us to know approximately. Could be once a week, more often, now and again, when I can etc)
.....
What days/ times/ journeys are you able to do? (you can leave this blank if this will vary)
.....
What days/ times/ journeys are you not able to do?
.....
Would you like information about volunteering in The Transport Hub?.....

PAYMENT
You must let the coordinator know when the journey is complete and how far the lift was. Please do this as soon as possible after the journey is completed.
You may receive cash on the day of the journey from the passenger.
Alternatively, we will pay you monthly. This will be done by bank transfer.
Bank details
Bank
Account holders name.....
Account number.....
Sort Code.....

DISCLOSURE CHECK
A Disclosure check is about us checking your criminal record. You can apply online or on paper.
-If you apply online www.mygov.scot/basic-disclosure/apply-for-basic-disclosure you will have to pay yourself and we will reimburse you (it is £25) and please let us know here. We will need you to send an email with the acknowledgement so we can pay you.
-If you prefer to apply on paper please request a form from us then complete it and we will send off with payment.
Online..... Paper.....

NEXT OF KIN
If we are concerned about you, we may have to contact this person.
Name.....
Address.....
.....
Home Phone and Mobile Phone.....
Email.....

SIGNATURE
I agree to you
-keeping my details in a safe way

-applying for a PVG certificate in my name
-contacting my Next of Kin if necessary.

Sign and Date

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Please return this form

Email eileen@uppertaytransport.org

Mobile phone contact 07388 236 233

or post/ in person to

Upper Tay Transport

The Locus Centre

The Square

Aberfeldy

PH15 2DD