
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. SMOKING is also not allowed, even when there are no passengers on board.
4. 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. (Please inform us if you require extra space for luggage. A goods vehicle is available for furniture, equipment and larger items.)
5. WESTWAY CT vehicles may only be used for trips within the UK.
6. All bookings are accepted subject to any additional conditions laid down at the by WESTWAY CT at the time.
7. 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.
8. 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.
9. Any charges that apply will be those that are in force at the time of use and not at the time of booking.
10. 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.)
11. 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.)
12. 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.
13. 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
14. All accidents, unforeseen incidents, motoring offences or parking penalties must be reported immediately.
15. Any parking tickets, congestion charges or other excess payments incurred during a booking period are the responsibility of the user.
16. Members are liable for the current insurance excess sum of £250.00 for “at fault” vehicle accident damage.
17. WESTWAY CT require 48 hours (working days) notice of cancellations and reserve the right to make charges in line with the full sessional and driver charges⁴ relating to any cancelled booking beyond this period.
18. 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.

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.

WESTWAY CT User Questionnaire

Please complete the following questionnaire, this information is required by our fund providers and is therefore essential. We also need to know the strengths and the weaknesses of our service so that we can continue to develop and improve it. 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 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 indicate your preferred method of payment, as cheques are becoming less popular we are looking at alternative methods of payment.

Credit/Debit card BACS
 Internet Banking Via web site

Would you prefer to receive newsletters by post?

Yes No

1. Do you feel the booking procedure is efficient and responsive to your organisation's needs?

Very Responsive Responsive Not Responsive

2. Over the past year how often have your group/organisation used the service?

6 or less times Quarterly Monthly Weekly Daily

3. Over the past year how would you rate the overall customer service, from your initial request/enquiry to the delivery of your chosen service?

Excellent Good Reasonable Poor

4. How satisfied are you with Westway CT and its quality of service?

	Satisfied	Neutral	Dissatisfied
Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usage experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to meet needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please indicate Westway CT's response and resolution of the following issues that may arise?

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

6. Do you feel Westway CT understands your group/organisation's needs?

Yes Not Sure No

7. Do you feel that Westway CT through its delivery of services has aided your group/organisation to operate more effectively within the community?

Yes Not Sure No

8. Would you recommend Westway CT to another group/?

Yes Not Sure No

If you have any other positive/negative feedback please let us know.



Westway Community Transport

240 Acklam Road
London W10 5YG
Tel: 0208 964 4928
Fax:0208 969 5733
westwayct.org.uk

USER RE-REGISTRATION FORM 2011

To register as a user of our Group Transport Services for the period 1st April 2011 to 31st March 2012

please complete this form & return it with a cheque for the appropriate amount made out to *Westway Community Transport*.

- Are you a Voluntary Organisation working in RBKC that receives over £5,000 funding per year? If so you will need to pay a registration fee of **£35**
- Are you a Voluntary Organisation working in RBKC that receives less than £5,000 funding per year **and** will use the service less than 6 times per year? If so you will need to pay a registration fee of **£7.50**
- Are you a Statutory Organisation? If so you will need to pay a registration fee of **£35**

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 (if different from above)

Please sign the following statement:

- *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 for the due amount*

Title _____

Name _____

Position _____

Signed _____ **Date** _____

Title _____

Name _____

Position _____

Signed _____ **Date** _____