



For Office Use Only:

VCS/CC/
ESC/Bus

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Volunteer Driver Application Form

1. Personal Details

Title..... Full Name.....

Tel: (home) (Mobile)..... (Work)

Address:

.....

Postcode.....

Email:

Date of Birth:

2. I am applying for... (Please tick)

Voluntary Car Service (VCS)	Community Cars (CC)	Community Bus Driving
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Driving History

Driving Licence Number.....

Valid until

4. Vehicle details (VCS and CC applicants only)

Please complete for any car that you are likely to drive on VCS / CC business.

Continue on a separate sheet if necessary.

	Make	Model	Registration No.	Engine Size (cc)	Fuel Type (petrol/diesel/LPG)	Passenger seating capacity
1						
2						

5. Renewal Dates (dd/mm/yy)

MOT*: Tax Disc*: Insurance:

Date car was first registered*

*Please provide this information for any car listed in section 1, above.

6. DBS Disclosure

Acceptance as a voluntary driver is subject to a satisfactory Disclosure and Barring Service (DBS) Disclosure. The Council will contact you to explain what you need to do once this Volunteer Driver Application Form has been processed.

(Please note, that due to changes in national guidance, we are now unfortunately unable to accept a DBS disclosure, however recently undertaken, unless this relates directly to other Shropshire Council activities. Please contact us for more information if needed.)

7. Declaration

I declare that the details given are correct to the best of my knowledge.

I agree to exercise all due care for the safety and comfort of my passengers.

I understand that it is an offence under the Road Traffic Act knowingly to make a false statement to obtain insurance cover. In the event of any future illness, condition or incident which might affect my ability to drive for the scheme (including driving convictions or refusal of motor insurance) I undertake to inform my Coordinator, or to resign as a driver with the scheme. I understand that failure to do so and any false declaration made above may render the insurance cover for my vehicle invalid and I may then be held personally responsible to pay costs or damages.

I understand that all information given will be treated in the strictest confidence.

I have received a copy of the New Drivers pack and I am aware of its contents.

Signature of Driver: **Date:**

Please submit this form with a passport-sized photograph to Shropshire Community Transport Hub, Passenger Transport Services, 107 Longden Road, Shrewsbury SY3 9DS

Shropshire Council maintains a database of all Shropshire Community Car volunteers. The information you have provided will be kept on file in the Passenger Transport Services at Shirehall and will also be available to your local scheme CC / Minibus Scheme Coordinator. Your records will be kept for no longer than 12 months after you leave a scheme.

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	Date	Satisfactory?	
		Yes	No
Reference checked by Signature		<input type="checkbox"/>	<input type="checkbox"/>
DBS Disclosure countersigned by		<input type="checkbox"/>	<input type="checkbox"/>

Driver provisionally approved and scheme informed? Yes No Signature:..... Date:

Scheme? VCS CC Minibus

In NO, why not:

Information entered onto Database? Initials: Date:

Supplier Creation Form

Your Organisation's Details (Please complete in BLOCK CAPITALS)

Supplier Name:					
Company Registration No:					
VAT Registered? (Please use an 'X')	NO	If YES, state VAT registration no:			
Supplier Type: (Please use an 'X')	Charity	Ltd	PLC	Sole Trader	Other (Please State)
Full Trading Name if different from above:					
Charity No (if applicable):					
Description of Goods/Services/Works					

Contact Information

	Order Address	Payment Address (Leave blank if the same as the Order Address)
Address Line 1		
Address Line 2		
Address Line 3		
Address Line 4		
Town/City		
Postcode		
County		
Telephone		
Email Address		
Supplier Contact		
Name		
Email Address		

Supplier Creation Form

Payment Information

Shropshire Council payments will be made by bank transfer and all payment remittances will be sent via email to the Payment Email Address you have included above. Please supply the details below to facilitate this and avoid delays in payment. The personal information you provide to us is required to provide payment services to you and to maintain relevant business records. Information will be processed in accordance with the Data Protection Act 2018. You will be asked to provide confirmation of the following bank details on letter headed paper at a later date.

Account Name	
Account Number	
Sort Code	
Roll Number	
Some Building Society accounts may also have what's referred to as a 'building society roll number' or just a 'roll number' – this is a reference code with letters and numbers. Please include this if applicable.	
IBAN	
An IBAN is used in some countries to uniquely identify a customer's bank account. The IBAN consists of an alphabetical country code, followed by two digits, and then up to 35 characters for the bank account number. Please include this if applicable.	
Swift	
A SWIFT code is an international bank code that identifies particular banks worldwide. It's also known as a Bank Identifier Code (BIC). A SWIFT code consists of 8 or 11 characters. Please include this if applicable.	

Supplier Creation Form

I confirm that I have understood the above and have completed the form fully:

Organisation	
Name	
Position / Job Title	
Date	

Thank you for completing this form which will allow us to process orders and payments to you as quickly and painlessly as possible.

New Guidelines for Completing Claim Forms for Community Car Schemes

- Blue forms to be used for all hospital journeys, yellow forms to be used for any other Community Car journey.
- An individual form should be completed for each calendar month.
- All forms should be completed in ink and not pencil.
- Correction fluid should not be used on claim forms, if you make a mistake please cross through and initial. The correct details should then be entered clearly.
- Claim forms should be completed by the driver only. Any subsequent amendments made by the Coordinator should be initialled by the Coordinator.
- The name and address of each passenger should be entered, along with the destination, purpose and the mileage incurred.
- The full amount contributed by the passenger must be entered on the claim form, including where this is more than the Council's recommended passenger contribution.
- All claim forms must be signed by the driver. The driver is signing to confirm that the claim submitted is a true and accurate record.
- All claim forms should be certified by the Coordinator. Where the Coordinator is also a driver, this needs to be countersigned by another person.*
- For any expenses claimed, a receipt must be attached to the claim form.
- Any claim forms which include journeys which do not meet the eligibility criteria will not be reimbursed; these journeys will be crossed off the claim forms.
- Any claim forms which do not meet these guidelines will be returned to the driver for resubmission. This will cause a delay in processing claims for payment.

** Please note that any exceptions to these guidelines must be agreed by the Council's Voluntary Car Coordinator, who can be contacted on 01743 255611.*

Shropshire Community Cars

Minimum Contribution expected from all passengers*



Miles	£	Miles	£	Miles	£
1	1.00	34	10.20	68	20.40
2	1.00	35	10.50	69	20.70
3	1.00	36	10.80	70	21.00
4	1.20	37	11.10	71	21.30
5	1.50	38	11.40	72	21.60
6	1.80	39	11.70	73	21.90
7	2.10	40	12.00	74	22.20
8	2.40	41	12.30	75	22.50
9	2.70	42	12.60	76	22.80
10	3.00	43	12.90	77	23.10
11	3.30	44	13.20	78	23.40
12	3.60	45	13.50	79	23.70
13	3.90	46	13.80	80	24.00
14	4.20	47	14.10	81	24.30
15	4.50	48	14.40	82	24.60
16	4.80	49	14.70	83	24.90
17	5.10	50	15.00	84	25.20
18	5.40	51	15.30	85	25.50
19	5.70	52	15.60	86	25.80
20	6.00	53	15.90	87	26.10
21	6.30	54	16.20	88	26.40
22	6.60	55	16.50	89	26.70
23	6.90	56	16.80	90	27.00
24	7.20	57	17.10	91	27.30
25	7.50	58	17.40	92	27.60
26	7.80	59	17.70	93	27.90
27	8.10	60	18.00	94	28.20
28	8.40	61	18.30	95	28.50
29	8.70	62	18.60	96	28.80
30	9.00	63	18.90	97	29.10
31	9.30	64	19.20	98	29.40
32	9.60	65	19.50	99	29.70
33	9.90	66	19.80	100	30.00
		67	20.10	101	30.30
				102	30.60
				103	30.90

For all journeys over 103 miles take the 100 miles rate and add the rate for the remaining miles

Example - For a journey of 125 miles take the 100 miles rate (£30.00) and add the 25 miles rate (£7.50). The total charge is £37.50.

* mileage rate is 45 pence per mile. Passengers are expected to make a minimum contribution of 67% as per above rates. Drivers must declare the full amount contributed by the passenger on their claim form.