

Nottinghamshire County Council Community Minibus Schemes



Section 1 - General

Name of Organisation

Name of Scheme (if part of a larger organisation)

Address

Postcode

Email Address

Tel No

Status of Organisation:

Charity (Registration Number)

Industrial & Provident Society (Reg No)

Company Limited by Guarantee (Reg No)

Community Interest Company (Reg No)

Unincorporated Body e.g. Community /
Neighbourhood Group

Other

Contacts:

Main Contact Person

Position

Telephone

Email

Second Contact Person

Position

Telephone

Email

Please detail the aims and objectives of the services you provide to members of the community:

Individual Users - Who is eligible to use your scheme?

The Public (Sect 22 Operators)

Disabled People

Older People

Young People

Other: Please specify

Which categories of defined Group Users are able to use your vehicles?

Older People	<input type="checkbox"/>	Disabled People	<input type="checkbox"/>
Young People	<input type="checkbox"/>	Rurally Isolated People	<input type="checkbox"/>
Religious Groups	<input type="checkbox"/>	Section 22 Private Hire Minibus	<input type="checkbox"/>
Other: Please Specify	<input type="checkbox"/>		

Is your organisation affiliated to a national body?

YES NO

Are you members of the Community Transport Association?

YES NO

If Yes, state Membership Number

Please state the legal structures underpinning the services you deliver:

Section 19 Small Bus Permit

Section 22 Minibus Permit

Other: Please specify _____

Additional Insurance Issues (please see section 4 for Insurance Declaration):

Are all vehicles operated within the scheme are appropriately insured either directly by the scheme or with the approval of the

insurance company of the owners of the vehicle being co-ordinated through the scheme?

YES NO

Section 2- Quality

QUALITY STANDARDS -Equal Opportunities

Do you have an Equal Opportunities Policy, which addresses obligations under:

Race Relations Act 1976 (and amendments)

YES NO

Sex Discrimination Act 1975

YES NO

Disability Discrimination Act 1995

YES NO

Equality Act 2006

YES NO

Do Staff/Volunteers receive information on the implementation of Equal Opportunities Policies into daily working practice and service delivery?

YES NO

When was the policy last revised?

QUALITY STANDARDS - Health and Safety

Do you have a Health and Safety Policy

If YES, when was it last revised?

Have comprehensive Risk Assessments been undertaken on all aspects of service delivery activity to the agreed NCC standard?

YES NO

Are these Risk Assessments reviewed annually?

YES NO

Are copies of Risk Assessments attached?

YES NO

Do volunteers receive information about their responsibilities under Health and Safety legislation?

YES NO

QUALITY STANDARDS -Training

Do volunteers receive training in the following areas:

Manual Handling Awareness

YES NO

Disability Awareness

YES NO

First Aid

YES NO

Emergency Procedure

YES NO

Safe Driving

YES NO

Dealing with Conflict

YES NO

Lone working

YES NO

QUALITY STANDARDS - Volunteer Policy

Do you volunteers work under a Volunteer Policy, which sets out recruitment guidelines, the scope of their voluntary work tasks and boundaries, (i.e. job description) reimbursements of out of pocket expenses and access to a forum for volunteer meetings:

YES NO

Do all volunteers have CRB checks?

YES NO

Do all drivers have annual licence checks?

YES NO

YES NO

Do all volunteers have a valid NCC approved ID badge?

YES NO

Do you volunteers work under a Volunteer Policy, which sets out recruitment guidelines, the scope of their voluntary work tasks and boundaries, (i.e. job description) reimbursements of out of pocket expenses and access to a forum for volunteer meetings:

YES NO

**Does your scheme have MiDAS qualified Driver Assessor Trainers
YES / NO If YES, how many?**

**How many volunteers / paid drivers have completed full MiDAS
certificate i.e. Module A + Module B**

QUALITY STANDARDS - Service User Quality Standards

Do you have a policy outlining the standards your service users can expect from your scheme, which includes a complaints procedure and access to a Service User Group?

YES

NO

Section 3- Service Accessibility

How many hours are your booking lines open per week?

Which days and which times?

Do you have an answer machine for people to log requests when booking lines are closed?

YES

NO

If you have an answer phone what times does it operate?

Do you have a Minicom service available for hearing impaired users?

YES

NO

Section 4- Insurance

NOTTINGHAMSHIRE COUNTY COUNCIL

Please have this certificate completed by your Insurance company*/
Broker and returned to **Nottinghamshire Transport Services, Trent Bridge House, Fox
Road, West Bridgford, Nottingham NG2 6BJ** as soon as possible.

THIS IS TO CERTIFY THAT _____

- 1.** Has effected with the under-mentioned Insurance Company a Employers Liability insurance with a limit of indemnity of £10,000,000 or greater covering liability for any one claim arising under the contract.
- 2.** Has effected with the under-mentioned Insurance Company a Public Liability Policy which indemnifies the Contractor against liability at law for damages and claimants cost and expenses in respect of injury (including death) to persons arising out of the use of the activities in their Contract with a minimum limit of indemnity of £5,000,000 any one claim and unlimited in any one period
- 3.** Has effected with the under-mentioned insurance company a Medical Negligence/Malpractice insurance (if applicable) with a limit of indemnity of £5,000,000 which indemnifies the Contract against liability at law for negligence and malpractice.
- 4.** The Policies have been extended to indemnify Nottinghamshire County Council as principal in respect of any contract entered into with the Nottinghamshire County Council for the services described in their contract.

NB: This Certificate must be completed by your Insurance Company/Broker

No Additions, Deletions, or Amendments must be made to this Certificate.

Signed: _____

Of: _____ **Insurance Company/Broker**

Date: _____

If completed by Broker please supply name of Insurance Company.