

AFFILIATION FORM



Date Affiliated: ____ / ____ / ____

Cash/BACs/Cheque No: _____

Account Name: _____

Name of Group: _____

Group Address: _____

Post Code: _____ Tel no: _____ Email: _____

Name of person/s responsible for booking vehicles: _____

Post Code: _____ Tel No: _____ Email: _____

Name and Address for Invoices: _____

Post Code: _____ Tel No: _____ Email: _____

We are a bonafide Community Group within the borough of H & F and having read the conditions of the Community Transport Project, we wish to affiliate and agree to abide by all conditions as outlined.

We enclose Cash / Cheque to Affiliate until 31st March 20 _____

Name (please print): _____ Position: _____

Signed: _____ Date: ____ / ____ / ____

Please make cheques payable to the **H & F Community Transport Project** and thank you for completing our questionnaire.

Monitoring Information

The Community Transport Project is committed to developing and pursuing positive policies to promote equal opportunities and is determined that its facilities and activities are accessible to all persons within the Borough of Hammersmith & Fulham, irrespective of their ethnic origin, age, disability, sexual orientation, religious belief, marital status or class. The information you give will help us to continue to improve the services for you and your organisation.

ALL INFORMATION YOU GIVE IS KEPT STRICTLY CONFIDENTIAL

Name of Group: _____

What are the aims of your group _____

How many Members/Users does your Organisation make provisions for? _____

For what purpose does your group/organisation make use of the vehicles, please tick the appropriate box.

Education Health Leisure Shopping Social Welfare Social

If you feel our service can be improved in any way please write your suggestions in the box below

Please grade the value you feel our organisation offers your group.

	Good	Fair	Poor
Minibus Hire			
Driver Training			
Volunteer Drivers			

Of your Members/Users, please estimate the percentage coming from the following backgrounds.

Are any of your members/users

Asian African Afro-Caribbean British
 European Irish Chinese Middle Eastern
 Eastern European Other

Of your Members/Users are any of your members Disabled or Carers please estimate the numbers.

Disabled

Carers

Please tick the following boxes as to the relevant age groups of your members/users.

0 to 8 years

9 to 25 years

25 to 50 years

50 to 59 years

Over 60s

Is your group predominantly Male

Female

Mixed

Did the vehicles you hired meet your requirements in terms of Accessibility?

Always 1 2 3 4 5 6 7 8 9 10 Never

Were the vehicles you hired clean and comfortable?

Always 1 2 3 4 5 6 7 8 9 10 Never

Thank you very much for your co-operation in completing this form.

**HFCTP thanks our funders: London borough of Hammersmith and Fulham,
and Bridge House Trust Estates Trust Fund.**