**REQUEST FOR TRANSPORT – VOLUNTEER DRIVER SCHEME**

This form **MUST** be completed correctly– failure to do so may result in the delay of transport provision. Please forward this referral **using Egress**

to your designated Volunteer Driver Co-ordinator:

**David Kennedy** Tel. 01740 658891 / david.kennedy@supportive.org.uk **Alan Stewart** Tel. 01740 658892 / alan.stewart@supportive.org.uk

**Luke Thompson** Tel. 01740 658887 / luke.thompson@supportive.org.uk **Jayne Holmes** Tel. 01740 658884 / jayne.holmes@supportive.org.uk

Any issues or concerns contact your designated **Volunteer Driver Co-ordinator** direct

General Office Telephone Number – 01740 658895 / transport@supportive.org.uk / Fax Number – 01740 658889

**Passenger Assistants are NOT provided with Volunteer Drivers. A taxi will be organised if a Passenger Assistant is requested.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PASSENGER DETAILS** | **Please complete in full** |  | **REQUIREMENTS – please mark** | **X** |
| FULL NAME of passenger(s): |       |  | Wheelchair |       |
| Date of Birth: |       |  | Passenger Assistant |       |
| Home Address: |       |  | Problems with Continence |       |
| Team Manager/ Social Worker Name: |       |  | Child Seat |       |
| Telephone number: |  |  |  |  |
| Team Budget to charge: |       |  | Other (please list below) |       |
| Date authorised by Team Manager:       | Team Manager Signature:       |
| **New Journey** |       |  | Female Driver |       |
| **Amended Journey** |       |  | Male Driver |       |
| **Cancelled Journey** |       |  | Either |       |

 Please ensure that all relevant information is provided above and sent with agreed notice to Supportive.

**NB:** This form must also be forwarded promptly to Supportive in regard to **Amended/Cancelled** journeys even if made via

telephone to ensure confirmation / additional costs to the Team are not incurred.

**Journey Details – Period covering / days / time / frequency / address details:**

|  |  |
| --- | --- |
| **Start Date**: |       |
| **End Date:** |       |
| **Day** | **Collection Address, Post Code & Time** | **Destination Address, Post Code & Time** | **Collection Address, Post Code & Time** | **Destination Address, Post Code & Time** |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |
| **Frequency** |
| **Weekly** | **Fortnightly** | **Monthly** | **One off** | **Other** |
|  |  |  |  |  |

**Relevant Health/Behavioural Information where a Passenger Assistant is required:** **Yes / No**

If **Yes** the section below **MUST** be completed before the request for transport can be processed . Please ensure approval from Team Manager and provide details.

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**Special Conditions / Restricted Information / Protected Addresses: Yes / No**

 If **Yes** the section below **MUST** be completed and relevant information shared before the transport can be processed.

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**-All transport requests must be agreed by the Team’s Finance Panel-**