

MiDAS Training and Assessment Booking Form

Please read the 'Minibus and Accessible Vehicle Driver and Passenger Assistant Training and Assessment Information Pack' before completing this form.

1. Sponsor's Details

Organisation:

Contact Name:

Telephone:

Address:

.....

Postcode:

2. Dates

Please indicate three suitable dates in order of preference. Please provide at least 21 days notice. (See section F1 of Information Pack)

	Day(s)	Date(s)	Month
1 st			
2 nd			
3 rd			

3. Vehicle

What type of vehicle will you be supplying? (please tick box)

- ☐ Minibus (without accessible equipment such as tail lift, ramp etc)
- ☐ Other (please state)

4. Insurance

Please tick the relevant box

- ☐ The vehicle is covered by Warwickshire County Council insurance.
- ☐ The vehicle is not covered by Warwickshire County Council and I enclose a photocopy of the vehicles insurance certificate.

5. Venue

Location of the training and assessment. (Please provide full postal address plus information to help the instructor find the correct location.)

.....

.....

6. Trainees details

Please provide the details of all drivers and passenger assistants included with this booking. The driving licence number is only required for individuals receiving driver training or assessment.

Title	Name (forename & surname)	Date of Birth	Driving licence number

7. Training and assessment schedule

Please enter your preferred training schedule in the tables below (see section F of information pack for examples and help). Use table 1 for driver training and assessment and table 2 for passenger assistant training and assessment

Table 1 – Driver training and assessment

Time	Driver(s) name	Activity (tick)		
		Theory & assessment	Practical training	Practical assessment

Table 2 – Passenger Assistant training and assessment

Time	Passenger Assistant name(s)
	1.
	2.
	3.
	4.

8. Payment (see section F2 of Information Pack for detail of fees)

Cost of training: £_____ Please indicate payment method:

- ☐ Cheque. Please send a cheque made payable to Warwickshire County Council with your booking form. Cheque number: _____
- ☐ Credit / debit card. Payment can be taken by telephone by calling 01926 418619.
- ☐ Invoice. Only available to 'non cheque book' organisations internal to the County Council. Name of responsible officer:.....

9. Declaration

I declare that:

- I have read the Minibus and Accessible Vehicle Driver and Passenger Assistant Training and Assessment Information Pack and will ensure that all drivers will receive a copy of the 'Drivers Checklist and Declaration'
- I confirm that the vehicle to be used and the persons submitted for training and assessments are covered by a valid policy of insurance, which satisfies the requirements of the relevant legislation.
- I confirm that the drivers are eligible to drive the vehicle supplied for the training.

Signature:..... Print Name:.....

Date:

10. Returning the form

Post: Warwickshire County Council, Road Safety Unit, PO Box 43, Shire Hall, Warwick, CV34 4SX **Email:** minibustraining@warwickshire.gov.uk

For more information **phone:** 01926 418619