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| Lagan Valley Rural Transport |
| Group Membership Application Form |
| Please use BLOCK CAPITALS and answer ALL questions Lagan Valley Rural Transport (LVRT) is fully committed to meeting its obligations on the promotion of equality and good relations as set out in Section 75 of the Northern Ireland Act 1998.  For this reason, we need to know certain details about the users of our services.  This information will NOT be used outside LVRT to identify you personally.  Statistical type data will be forwarded to the funder DRD, when requested |
| NAME OF ORGANISATION |
|  |
| ADDRESS |
| Postcode:  Tel: Fax:  E-mail: |
| **NAME & ADDRESS TO WHICH INVOICES SHOULD BE SENT**  (if different from above) |
| Contact Name: Position:    Postcode:  Tel: Fax:    E-mail: |
| **NAME & TEL. No. OF PERSON WE CAN CONTACT IN AN EMERGENCY** |
| Name:………………….………………………………….Tel:……………………………….  Mobile:………………………… |

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| **ORGANISATIONAL STATUS** (Please answer every question) | | |
| Is your group: | YES | NO |
| Profit-making? |  |  |
| A community/voluntary group? |  |  |
| A statutory body? |  |  |
| A registered charity? (Please state No. below) |  |  |
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| **OUR MINIBUSES MAY ONLY BE USED BY GROUPS INVOLVED IN ONE OR MORE OF THE ACTIVITIES LISTED BELOW.** (Tick those with which your group is concerned) | | | |
| Education |  | Religion |  |
| Recreation |  | Social welfare |  |
| Other activities of benefit to the community? (Please specify below): | | |  |
|  | | | |

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| **AIMS OF YOUR ORGANISATION** (Give brief details) |
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|  |
| What type of transport does your group use at present?  Why is this method of transport no longer appropriate? |

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| **PEOPLE WITH WHOM YOUR ORGANISATION IS CONCERNED** (tick as many boxes as are relevant) | | | |
| People with a physical disability |  | People with dementia |  |
| People with a learning disability |  | Elderly people |  |
| People with mental health difficulties |  | Pre-school groups |  |
| People from ethnic minorities |  | Youth groups |  |
| People with an alcohol related illness |  | Womens groups |  |
| People with a drug related illness |  | Health groups |  |
| People affected by HIV or AIDS |  | Other (give details below) |  |
|  | | | |
| EQUALITY INFORMATION | | | |
| DRD are keen to collect information on the members of LVRT for equality monitoring and statistical purposes. As a result, we are asking you to answer the following questions.  However you do not have to answer them. | | | |
| **THE PEOPLE OF OUR GROUP ARE *MAINLY***  **(Having a DEPENDENT is when you have personal responsibility for the care of a child, elderly person or person with an incapacitating disability )** | | | |
| People with Dependents |  | Both |  |
| People without Dependents |  | Not known |  |
|  | | | |

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| **THE PEOPLE OF OUR GROUP ARE *MAINLY* AGED** | | | |
| Under 18 |  | Over 65 |  |
| 19-65 |  | Diverse Ages |  |
|  | | | |

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| --- | --- | --- | --- |
| **THE PEOPLE OF OUR GROUP ARE *MAINLY*** | | | |
| Male |  | Diverse Gender |  |
| Female |  |  |  |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **THE PEOPLE OF OUR GROUP ARE *MAINLY*** | | | |
| People With Disability |  | Both |  |
| People Without Disability |  | Not known |  |
|  | | | |

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| --- | --- | --- | --- |
| **THE PEOPLE OF OUR GROUP ARE *MAINLY*** | | | |
| Protestant |  | Of Other Religions |  |
| Roman Catholic |  | Diverse |  |
| Both Protestant and Roman Catholic |  | None of the above |  |
|  | | | |
| DECLARATION | | | |
| Our organisation agrees to abide by the terms and conditions as set out in the LVRT Minibus Hire Policy, and we understand that any breach of these conditions may result in our group being expelled from membership. We understand that LVRT is registered under the Data Protection Act and we consent to LVRT holding the above information about our organisation. We understand that this information will **NOT** be used outside LVRT to identify individual members but that statistical type data may be forwarded to the funder, DRD, for future research purposes  I accept that LVRT membership fee for 2015/2016 is £25.00 and will forward payment once this membership application has been accepted and invoiced.  **SIGNED:**    **Please print name:**  **POSITION: DATE:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Lagan Valley Rural Transport Use:**  **Signed by: (Administrator)**  **Name in Capitals:** DATE:……………………… | | | |

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| FOR OFFICE USE ONLY | | | |
| Group Number |  | Computer Entry |  |
| Fee Received |  |  |  |

**Please return completed application to:**

LAGAN VALLEY RURAL TRANSPORT

Unit 1-6 PRM Complex Rathdown Road

Lissue Industrial Estate

Moira Road

Lisburn

BT28 2RE

Fax: 028 92622800

Tel: 028 92622030

TEL: 02892 622030 EMAIL: admin@laganvalleyruraltransport.co.uk