

**CTAF: Coach Transport**

 **Assurance Form**

 **(**Version 1.0 2016)

**When an establishment is considering using a coach provider for an educational visit, Doncaster MBC LA policy requires that assurances are sought that suitable and sufficient safety management systems are in place. Careful consideration is to be given to the statements below. A Senior Manager, who represents your company, is asked to consider the points below, and to sign at the end of the form, as assurance of the safety and quality of the services provided. On this e-form select the relevant checkbox below (either ‘Yes’, ‘No’ or ‘N/A’) to show your response and enter text where applicable. Section A is to be completed for all journeys. Section B refers to journeys outside of the British Isles. Please return this form via email. Thank you for completing this form.**

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| Name of Provider:  |

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| **SECTION A – ALL JOURNEYS** |  |  |  |
| 1. A current Coach Operators License is held and each vehicle displays a valid license disk on the windscreen.
 | Yes[ ]  | No[ ]  | N/A[ ]  |
| 1. Appropriate and relevant insurance is in place such as Vehicle, Public Liability and Employer’s Liability.
 | Yes[ ]  | No[ ]  | N/A[ ]  |
| 1. Drivers are correctly licensed, have DBS checks and no child related criminal convictions.
 | Yes[ ]  | No[ ]  | N/A[ ]  |
| 1. Drivers are checked regarding their experience, health/fitness to drive, adhere to driving hours and regulations, are informed about and prohibited to drive under the influence of alcohol or drugs, do not have recent (within the past 10 years) and/or are not facing impending convictions for serious driving offences (e.g. drink/driving) and are prohibited to use mobile phones or radios in the coach unless the bus is stationary, or the equipment is fully “hands–free” operated.
 | Yes[ ]  | No[ ]  | N/A[ ]  |
| 1. A specific risk assessment for group travel with young people is in place and drivers are competent to operate with groups of young people.
 | Yes[ ]  | No[ ]  | N/A[ ]  |
| 1. Drivers have an emergency procedure to follow.
 | Yes[ ]  | No[ ]  | N/A[ ]  |
| 1. There is contactable assistance on hand 24/7 for the duration of the planned journey(s) with regards to an incident or the vehicle being unserviceable or unacceptable on the day.
 | Yes[ ]  | No[ ]  | N/A[ ]  |
| 1. Coaches are equipped with basic safety equipment such as first aid kits, fire extinguishers and functioning torches.
 | Yes[ ]  | No[ ]  | N/A[ ]  |
| 1. Vehicles undergo regular safety checks at specific intervals, are regularly serviced and maintained, hold a valid MOT certificate as appropriate with records being kept.
 | Yes[ ]  | No[ ]  | N/A[ ]  |
| 1. Vehicles are equipped with fully functioning seat belts and operational emergency exits.
 | Yes[ ]  | No[ ]  | N/A[ ]  |
| If any of the above specifications in Q1-Q10 cannot be met, please provide further details: |
| 1. Are vehicles compliant with UN ECE regulation 66 regarding the strength of the coach roof?
 | Yes[ ]  | No[ ]  | N/A[ ]  |
| 1. Are there any pending investigations, prosecutions or disciplinary actions against the company by VOSA?
 | Yes[ ]  | No[ ]  | N/A[ ]  |
| If you have answered ‘yes’ to Q12, please provide further details: |  |  |  |
| 1. Do you have any external accreditations or audits - e.g. CoachMarque, Guild of British Coach Operators, BUSK Benchmark, Road Operators Safety Council (ROSCO) ‘Safe Driver Awards’, Council for Passenger Carrying Vehicles (CPCV), Freight Transport Association (FTA) audits or inspections?
 | Yes[ ]  | No[ ]  | N/A[ ]  |
| If you have answered ‘yes’ to Q13, please provide details: |

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| **SECTION B – JOURNEYS OUTSIDE THE BRITISH ISLES** |  |  |  |
| 1. Drivers are experienced in international driving and the countries to be visited.
 | Yes[ ]  | No[ ]  | N/A[ ]  |
| 1. Drivers are experienced in driving a coach in all the anticipated conditions and terrain such as mountain roads and passes and in the fitting and use of snow chains etc.
 | Yes[ ]  | No[ ]  | N/A[ ]  |
| If any of the above specifications in Q14 & Q15 cannot be met, please provide further details: |

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| --- | --- |
| Full Name/Signed:  | Position:  |
| Address of provider:  |
|  |
| Date:  |
| Tel:  | Email:  |

Thank you for completing this form. Please return to the establishment via email.