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|  | **Social Inclusion Transport Support-2023**  **Transport Support Request Form** |

1. **Group/Organisation details**

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| --- | --- |
| **Group/Organisation Name** |  |
| **Postal Address** |  |

**Group/Organisation contact person details**

|  |  |
| --- | --- |
| **Contact Name** |  |
| **Position in Group/Organisation** |  |
| **Telephone Number** |  |
| **Email Address** |  |

1. **Is your group a member of Kerry Public Participation Network (Kerry PPN)?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

1. **Statement of why transport support is needed: Activities planned must demonstrate a clear fit with social inclusion objectives.**

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1. **Statement of likely impact of transport supports: Please describe the anticipated impact and benefit for your group/organisation.**

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1. **Transport service details ( please supply all information)\*\***

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| --- | --- | --- |
| Day and Date of Service |  | |
| Outline of Service |  | |
| Start Time and Location of Bus |  | |
| Depart Time for Return Journey |  | |
| Total Number of Passengers |  | |
| Additional Pick Up Point | | Time | |
|  | |  | |
|  | |  | |
|  | |  | |
| Itinerary for Day if Applicable ( day trips with stops) | | Time | |
|  | |  | |

\*\*Please reference Section 10 for a summary of our Terms & Conditions. For full details refer to the ‘Eligibility and Specific conditions of Offer’ document.

1. **Vehicle details**

Do you require any of the following?

|  |  |  |  |
| --- | --- | --- | --- |
| Wheelchair Accessible Vehicle |  | No. of Wheelchair Passengers\* |  |
| Boot Storage for Bags / Cases |  | | |
| Other Special Requirements |  | | |

\*we may need further details regarding the type and size of the Wheelchairs

1. **Unmet transport needs**

Please identify or let us know if there is need for a community / public transport services in your area.

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1. **Invoice details**

TFI Local Link Kerry will issue an invoice to the group/organisation for the transport service provided **after** the service has taken place.

Please provide the following details to assist us in issuing invoice (if details are the same as Section 1, please leave boxes below blank)

|  |  |
| --- | --- |
| **Contact Name** |  |
| **Position in Group/Organisation** |  |
| **Group/Organisation Name** |  |
| **Postal Address** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Purchase Order Number**  **(if applicable)** |  |

1. **Confirmation**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (block capitals) on behalf of above named group/organisation CONFIRM that I

(Please tick boxes below)

* Have read and agree with the Eligibility & Specific Conditions of Offer document □
* Accept that TFI Local Link Kerry will securely retain completed applications for audit purposes □
* Accept the contact details (name, contact no) of the applicant, will be shared with the Operator and Driver relating to this trip only and TFI LLK will not share with any other company or organisation other than for audit purposes □
* Will complete a feedback questionnaire after the service, if requested□
* Acknowledge TFI Local Link Kerry in any social media or print features relating to this service. □

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| --- | --- | --- | --- |
| Submitted by: |  | Contact number: |  |
| Signed: |  | Date: |  |

The Transport Support Request form is to be submitted by, E Mail [onceoffservices@locallinkkerry.ie](mailto:onceoffservices@locallinkkerry.ie) with subject – ***Social Inclusion Transport Support Request*** or by post to TFI Local Link Kerry, Island Point, Tralee Road Industrial Estate, Tralee Road, , Castleisland, Co. Kerry, V92 E894, five working days in advance of proposed services operating. Failure to do so may result in TFI Local Link Kerry not being able to process the request.

Office Use Only:

|  |  |
| --- | --- |
| Mileage: |  |
| Percentage: |  |

|  |  |
| --- | --- |
| BDM Sign Off: |  |
| GM Sign Off: |  |