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| Argyll and Bute Council | **Argyll & Bute Council**  **Application**  **for Minibus Hire** | | | | |  | |
| **Return Completed Form To: book.it@argyll-bute.gov.uk** | | | | | | | |
| **Name of Club, Group or Organisation:** | | | | | | | |
| **Permit Number:** | | | | | | | |
| **Person Responsible for Let:** | | | | | | | |
| **Address:**  **Postcode:** | | | | | | | |
| **Tel No:** | | | **Mobile No:** | | **Email:** | | |
| **The Protection of Vulnerable Groups (Scotland) Act 2007**  *It is the responsibility of the Club, Group or Organisation hiring the facility to ensure compliance with the PVG Act.*  *Guidance can be found at* [*www.crbs.org.uk*](http://www.crbs.org.uk) *If your Club, Group or Organisation falls within the remit of the PVG Act, have the necessary checks specified within the act been complied with?*  YES  NO  N/A  (tick as appropriate) | | | | | | | |
| **Date/Dates required:**  **Bus Collection Point:**  **Time of Collection: Estimated time of return:**  **Total number in group:**  **Details of use i.e. purpose and where group are travelling to:**  **In the event of the vehicle being retained by the Club/Group/organisation overnight, please state address at which it will be garaged/parked:** | | | | | | | |
| **COMPLETION AND RETURN OF THIS FORM DOES NOT GUARANTEE HIRE – BOOKING IS ONLY ACCEPTED ON RECEIPT OF CONFIRMATION. MANAGEMENT RESERVE THE RIGHT TO CANCEL BOOKINGS AT ANY TIME.** | | | | | | | |
| **Before Minibus keys can be handed out, the following criteria must be met:**   1. **Payment must be made in full. The current charges are £53.00 for up to 4 hours, and £106.00 for a full day.** 2. **Photocard driving license and check code for all drivers must be provided at relevant Customer Service Point.** 3. **The group hiring the Minibus must have a valid Small Bus Permit.** 4. **All drivers must have passed the Council’s Driving Assessment.**   **The council has an excess of £2000 on its vehicle insurance policy. Community groups using minibuses will be liable for the first £250 of any uninsured loss.**  **I certify that I have read the regulations and agree to comply with all conditions.**  **Signature: Designation: Date:** | | | | | | | |
| **FOR OFFICE USE** | | | | | | | |
| **Date Granted:** | | **Let Fee:** | | **VAT:** | | | **Total:** |