



TENDER LIST APPLICATION FORM SPECIAL NEEDS AND TAXI TRANSPORT

NAME AND ADDRESS (please include postcode)	Contact name
	Telephone number
	Mobile phone number
	Fax number

EMAIL ADDRESS:

TAXI OPERATORS

VEHICLE DETAILS	HACKNEY CARRIAGE	PRIVATE HIRE
Number of standard vehicles		
Number of MPVs		
Number of wheelchair-accessible vehicles with tail-lift		
Number of wheelchair-accessible vehicles with ramps		

PASSENGER CARRYING VEHICLE OPERATORS

Number of vehicles	
Number of vehicles with tail-lift	
Number of vehicles with ramps	
Number of low-floor vehicles	

What training do you give the drivers you are responsible for ?

What training do you give the escorts you are responsible for ?

How do you ensure that your vehicles operate in an environmentally friendly way ?

What experience do you have of working with passengers with special needs ?

What is your procedure for dealing with customer complaints ?

What contingency plans do you have in place in the event of usual vehicles, drivers or escorts not being available ?

<p>How do you ensure that your vehicles are correctly licensed, insured and maintained at all times ?</p>	
<p>How do you ensure that your drivers are correctly licensed and that your escorts have completed the necessary CRB checks ?</p>	
<p>Give details of your equal opportunities policy</p>	
<p>Give details of your health & safety policies</p>	

SIGNATUREDATE / /
