|  |
| --- |
| **TRANSPORT INDUCTION** |
| Volunteer name (block letters): |
| Role (driver, passenger assistant, transport officer etc.): |
| Assessor name (block letters): |
| Any person who has a volunteer role with group transport must complete the induction below. The assessor can be a person in the group who has experience of the vehicles and their legal requirements. The volunteer and assessor must go through the areas below and mark the box on the right hand side “Y - Yes” “N - No” or “N/ A” as appropriate to their role. Refresher training must be completed every three years.  |
|  **Subject** | Induction | Refresher | Refresher |
| 1 | Driver meets legal requirements (see HSV: 011 - driver flowchart): Y/ N |  |  |  |
| Appropriate driving license (record no): Y/ N |  |  |  |
| All drivers of minibuses have valid MiDAS certificate: Y/ N |  |  |  |
| 2 | Passenger Assistants who operate tail lift or who secure wheelchairs with passengers in situ have valid MIDAS certificate: Y/ N |  |  |  |
| 3 | Assessment drive completed satisfactorily: Y/ NDriver to travel as a wheelchair passenger for part of journey |  |  |  |
| 4 | Volunteer disclosure check: Y/ N |  |  |  |
| 5 | Vehicles and premises (where a garage) security discussed: Y/ N |  |  |  |
| 6 | Theory: following documents read and discussed as appropriate to the role: |
| VTRA: 001A – Vehicle RA; VTRA: 005A – Lending group vehicle. |  |  |  |
| HSV: 021 - Vehicle emergency procedure card: Y/ N  |  |  |  |
| HSV: 013 – Log book system: Y/ N |  |  |  |
| HSV: 014 – Monthly safety check list: Y/ N  |  |  |  |
| HSV: 015 - Defect reporting: Y/ N |  |  |  |
| 7 | Equipment: volunteer competent to use equipment as appropriate: |
| Basic use of fire extinguishers – Y/ N |  |  |  |
| First aid kit minor injuries – process for major emergencies – Y/ N |  |  |  |
| Use of passenger lift – Y/ N |  |  |  |
| Use of ramp and pulley system – Y/ N |  |  |  |
| Transferring passengers between wheelchair and fixed seat – Y/ N |  |  |  |
| Securing wheelchairs in vehicle – Y/ N |  |  |  |
| Fitting seatbelts/ lap belts to wheelchair passengers – Y/ N |  |  |  |
| Lifting and moving vehicle seats – Y/ N |  |  |  |
| Refuelling the vehicle – Y/ N |  |  |  |

|  |  |
| --- | --- |
| 8 | **Initial induction** |
|  | Driving experience: Y/ N (note years and any driver training):  |
| Accidents in last 3 years: Y/ N (note details):  |
| Health factors: Y/ N (note if affect license):  |
| Moving and handling experience: Y/ N  |
| Date induction complete: |  |
| Name of inductee: |  | Signature: |  |
| Name of assessor: |  | Signature: |  |
| 9 | **Refresher training** |
|  | The volunteer and assessor must go through the areas on page 1 and mark the box on the right hand side “Y - Yes” or “N - No” as appropriate to their role. |
| Driving experience: Y/ N (note years and any driver training): |
| Accidents in last 3 years: Y/ N (note details):  |
| Health factors: Y/ N (note if affect license): |
| Moving and handling experience: Y/ N  |
| Date refresher induction complete: |  |
| Name of inductee: |  | Signature: |  |
| Name of assessor: |  | Signature: |  |
| 10 | **Refresher training** |
|  | The volunteer and assessor must go through the areas on page 1 and mark the box on the right hand side “Y - Yes” or “N - No” as appropriate to their role. |
| Driving experience: Y/ N (note years and any driver training): |
| Accidents in last 3 years: Y/ N (note details):  |
| Health factors: Y/ N (note if affect license): |
| Moving and handling experience: Y/ N  |
| Date refresher induction complete: |  |
| Name of inductee: |  | Signature: |  |
| Name of assessor: |  | Signature: |  |
| We process this information on the lawful basis of our legal obligation set out by the Health and Safety Executive and Central Government. We will share with other regulatory bodies or insurers if appropriate for reporting or claims processing. To find out how we use and manage your personal data, our full privacy notice is at [www.mssociety.org.uk/privacy](http://www.mssociety.org.uk/privacy). You can also call our Supporter Care team on 0300 500 8084 to get a copy. |