



# Application Form for PATS Membership

**Office Use Only:**

Date :

Membership No:

**Name of Organisation:** .....

Name of Contact: ..... Title: .....

Address: .....

.....

..... Postcode: .....

Daytime Telephone number: .....

E-mail address: .....

Please give the following information about your passenger assistants:

A How many are there in total? .....

How many of these do you intend to train? .....

B How many work with passengers who have restricted mobility or are wheelchair users? .....

C1 How many work with children or young people with special needs?.....

C2 How many work with adults who require care and supervision? .....

Does your organisation wish to: (tick one box only)

 Appoint a Passenger Assistant Trainer from within your organisation to train and assess your passenger assistants (Option 1). Arrange, with the help of PATS, for a third party to train and assess your passenger assistants (Option 2).

If you are in doubt as to which option to choose, read the 'Welcome to PATS' booklet or ring the telephone number at the back of the booklet. If you pick Option 2, remember that the third party will charge for training and assessment.

Are you interested in the following modules, which will be delivered by specialist trainers:

D Emergency Aid Yes  No E Manual Handling Yes  No F Managing Challenging Behaviour Yes  No **Continued overleaf**

## The PATS commitment

As PATS members, we are committed:

1. To assess the training needs of our passenger assistants so that the training they receive recognises the nature of their duties and the needs of their passengers
2. To ensure that training is provided in accordance with the PATS Manual
3. To review the training needs of our passenger assistants periodically and provide additional training where there has been a change in circumstances
4. To accept the certificates of passenger assistants who were trained by other PATS members as evidence of the training they have already received.

---

My organisation wishes to become a PATS member and agrees to comply with the terms of the PATS commitment.

Signature: .....

Position: .....

Date: .....

**Please return this form to:**

Community Transport Association  
Highbank  
Halton Street  
HYDE  
Cheshire  
SK14 2NY

Contact: PATS Co-ordinator  
Tel: 0161 351 1475 Fax: 0161 351 7221  
E-mail: [info@ctauk.org](mailto:info@ctauk.org)

