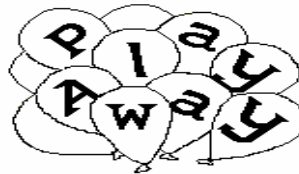


Play Away,
c/o The Secretary,
Eshton Grange,
Gargrave,
Skipton,
North Yorkshire.



(Eshton Grange)

Reg Company No 5098573. Reg Charity No

Tel: 01756 749334

Fax: 01756 749962

Dear Group,

We would like to take the opportunity to set out some ground rules concerning the use of Play Away's minibuses for transport of your group to Eshton Grange and use during your stay.

The buses are currently garaged at Eshton Grange and can be collected by prior arrangement with centre staff.

The driver of the minibus must be aged 25 or over with a clean driver's license and a minimum of three years driving experience. Drivers must produce their license before collection of the buses.

Drivers are responsible for the vehicle at all times, including daily checks and reporting any defects to centre staff, an information sheet is included in regard to the legal responsibility of drivers, drivers daily defect books are kept in all vehicles and should be used.

Charges start from 35 pence per mile for the buses (depending on your organisations financial status), that covers the cost of fuel charges. There is also a £5.00 part valet charge, which covers monthly outside cleaning. On collection of the minibuses fuel is provided and is covered in the mileage charge. If any of the buses are returned and the inside is not cleaned you will be charged an extra twenty pounds for an internal valet on each bus.

A trailer is provided for transporting luggage, You must use this. If you are not familiar with trailers and their correct use, Play Away will show you how to use one correctly and also provide you with all relevant information and legal guidelines.

AVAILABILITY OF BUSES: There are two 17 seater mini buses on site, that may be available for use during your residential, You must contact the centre to book these prior to your visit.

Directions to Eshton are given overleaf.

DIRECTIONS TO ESHTON GRANGE, GARGRAVE, N.YORKSHIRE FROM SKIPTON.

FOLLOW APPROPRIATE DIRECTIONS FROM YOUR LOCATION TO SKIPTON.

FROM SKIPTON FOLLOW DIRECTIONS FOR A65 SIGNED TOWARD GARGRAVE

ON FIRST ENTERING GARGRAVE LOOK FOR ESHTON ROAD ON YOUR RIGHT, WHICH IS JUST BEFORE A PETROL STATION ON YOUR LEFT.

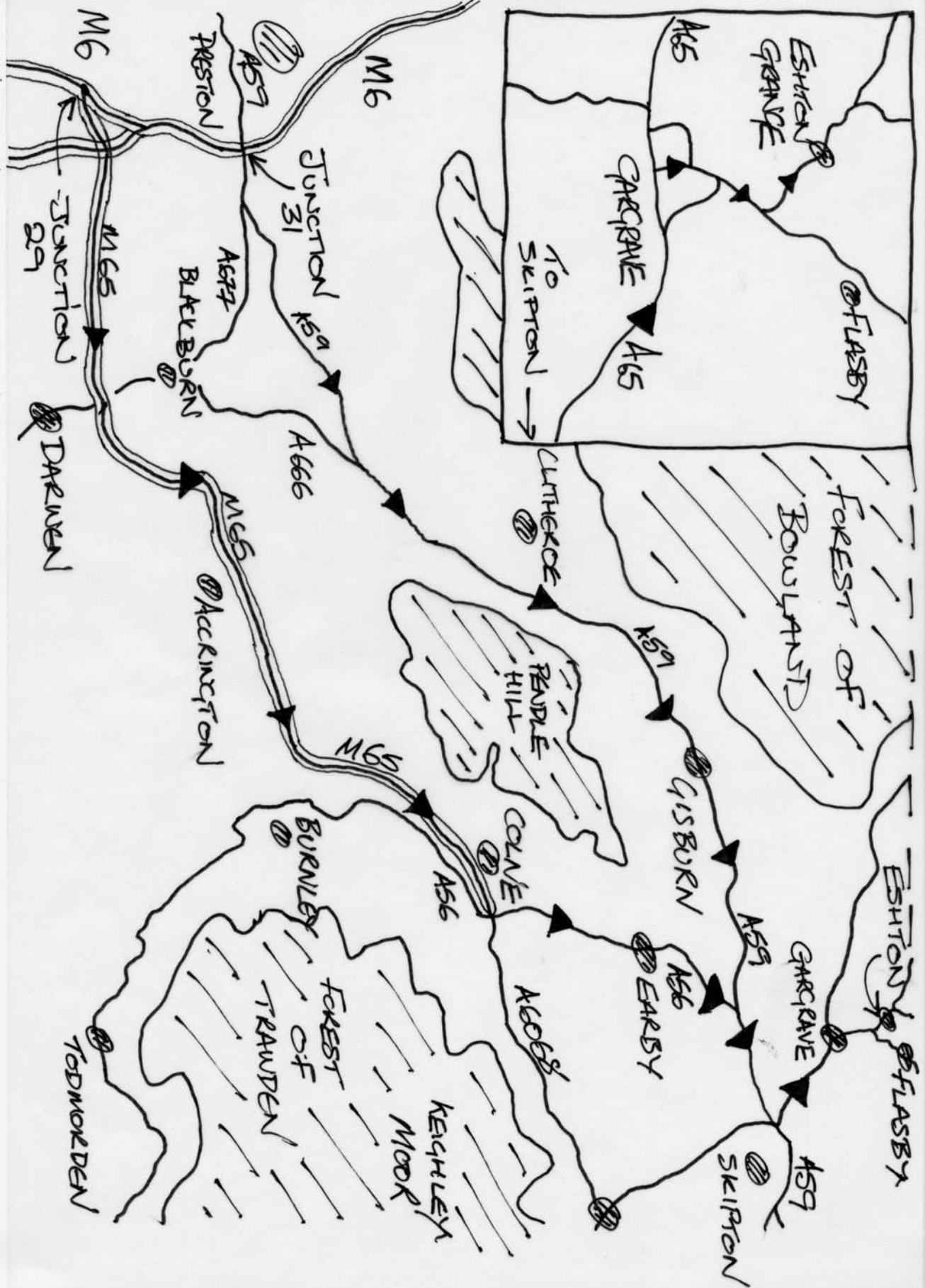
FOLLOW ESHTON ROAD FOR APPROXIMATELY A MILE AND A HALF, VEERING UPHILL TO YOUR LEFT PAST ESHTON HALL.

ESHTON GRANGE IS THE 3RD ENTRANCE ON YOUR RIGHT AT THE TOP OF THE HILL.

NOTE: IN THE EVENT OF BREAKDOWN EMERGENCY RESCUE NUMBERS ARE LOCATED IN THE TAX DISC HOLDER. MAKE SURE THESE ARE RETURNED AFTER USE.

ESHTON GRANGE TEL: 01756 749334

FAX: 01756 749962



MINIBUS - DRIVER'S INFORMATION SHEET

IN ADDITION TO THE LEGAL RESTRICTIONS ON AGE & DRIVERS LICENSE THERE ARE VARIOUS LEGAL RESPONSIBILITIES PLACED UPON YOU AS DRIVER OF A MINIBUS.

THE HIGHWAY CODE SHOULD BE ADHERED TO AT ALL TIMES
ALL PASSENGERS MUST WEAR SEAT BELTS - ALL CHILDREN UNDER THE AGE OF 3 SHOULD USE AN APPROPRIATE RESTRAINT, WHILST CHILDREN UNDER THE AGE OF 12 SHOULD NOT BE ALLOWED TO SIT IN THE FRONT OF THE VEHICLE
IT IS ILLEGAL TO SMOKE WHILST THERE ARE PASSENGERS IN THE VEHICLE

SPEED LIMITS YOU MUST OBSERVE ALL LEGAL SPEED LIMITS. WHERE THERE ARE NO TRAFFIC SIGNS TO SET A LOWER LIMIT, LIMITS ARE:
STREET LIGHTS CLOSER THAN 200 YARDS - 30MPH
OTHER CARRIAGEWAYS/A ROADS - 50MPH
MOTORWAYS -60MPH

WHILST DRIVING WITH PASSENGERS YOU MUST ENSURE THAT

- ALL DOORS ARE UNLOCKED
- A TRAILER IS USED FOR TRANSPORTING LUGGAGE
 - ALL GANGWAYS/EXITS ARE KEPT CLEAR
 - NO LUGGAGE IS PILED ON SEATS
 - THE VEHICLE IS NOT OVERLOADED
 - LUGGAGE IS SECURED IN TRAILER
- YOU CAN SEE THROUGH ALL WINDOWS
- THE ENGINE SHOULD BE TURNED OFF WHEN REFUELLING OR THE VEHICLE IS LEFT
- YOU SHOULD NOT TALK TO PASSENGERS WHILST THE VEHICLE IS IN MOTION

AS DRIVER YOU ARE RESPONSIBLE FOR ENSURING THAT THE VEHICLE IS IN A ROADWORTHY CONDITION AT ALL TIMES. PLEASE ENSURE YOU COMPLETE THE DAILY DRIVERS CHECK LOG IN COMPLIANCE WITH THE ABOVE

WHEN PARKING THE VEHICLE AT NIGHT YOU SHOULD PARK ON THE NEARSIDE ATLEAST 10M AWAY FROM A JUNCTION & LEAVE THE SIDE LIGHTS ON

WHEN DRIVING FOR PROLONGED PERIODS YOU SHOULD HAVE A 20-MINUTE BREAK EVERY 4 HRS DURING THE DAY & EVERY 2 HRS AT NIGHT

ONLY PERSONS WITH PERMISSION SHOULD DRIVE THE MINIBUSES OTHERWISE INSURANCE & MINIBUS PERMITS ARE INVALIDATED



(Eshton Grange)

Registered Company No 509873. Registered Charity No 1047159

Driver Registration Form

PERSONAL DETAILS

FULL NAME.....TEL.(WORK).....

TEL.(HOME).....

ADDRESS

.....

.....

.....POST CODE

DRIVING DETAILS

LICENCE NO. VALID FROM VALID TO

GROUP ENTITLEMENT.....YEARS HELD.....AGE.....

ENDORSEMENTS YES/NO

DETAILS&YEAR.....

.....

HAVE YOU HAD ANY CONVICTIONS DURING THE PAST 5 YEARS FOR AN OFFENCE IN CONNECTION WITH A

MOTOR VEHICLE ? ARE THERE ANY PROSECUTIONS PENDING? YES/NO DETAILS (AS ON LICENCE)

.....

HAVE YOU EVER BEEN REFUSED MOTOR INSURANCE ? YES/NO IF YES PLEASE GIVE DETAILS

.....

HAVE YOU BEEN INVOLVED AS A DRIVER IN AN ACCIDENT IN THE LAST 5 YEARS
YES/NO DETAILS

.....

PLEASE GIVE DETAILS OF RELEVANT MINIBUS DRIVING EXPERIENCE & DETAILS OF
ANY ADDITIONAL LICENCES HELD(I.E. HGV,PSU)

.....

.....

.....

GENERAL HEALTH : PLEASE GIVE DETAILS OF ANY CONDITION OR DISABILITY YOU
HAVE OR HAVE HAD WHICH WOULD AFFECT YOUR ABILITY TO DRIVE SAFELY NOW
OR IN THE FUTURE (SEE OVERLEAF FOR EXAMPLES)

.....

.....

ORGANISATION DETAILS

GROUP NAME TEL.....

ADDRESS

.....

.....

DECLARATION

I DECLARE THAT THE DETAILS GIVEN ABOVE ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO EXERCISE ALL DUE CARE FOR THE SAFETY OF MY PASSENGERS AND THE SECURITY OF THE VEHICLE WHILST IT IS IN MY CHARGE. I UNDERSTAND THAT IT IS AN OFFENCE UNDER THE ROAD TRAFFIC ACT TO KNOWINGLY MAKE A FALSE STATEMENT TO OBTAIN INSURANCE COVER. I UNDERTAKE TO INFORM PLAY AWAY OF ANY SUBSEQUENT ILLNESS, CONDITION OR EVENT WHICH MAY AFFECT MY ABILITY TO DRIVE THE MINIBUS AND ALSO OF ANY SUBSEQUENT REFUSAL OF MOTOR INSURANCE OR DRIVING CONVICTIONS. I UNDERSTAND THAT FAILURE TO DO SO AND ANY FALSE DECLARATION MADE ABOVE MAY RENDER THE INSURANCE COVER FOR THE VEHICLE INVALID AND I MAY THEN BE HELD PERSONALLY RESPONSIBLE TO PAY COSTS OR DAMAGES. I ALSO UNDERTAKE TO INFORM THE ORGANISATION OF ANY ACCIDENT THAT OCCURS WHILST I AM RESPONSIBLE FOR ONE OF THE ORGANISATION'S VEHICLES. I UNDERSTAND THAT ALL INFORMATION GIVEN WILL BE TREATED IN STRICTEST CONFIDENCE.

DRIVER'S SIGNATUREDATE

EXAMPLES OF CONDITIONS OR DISABILITIES THAT SHOULD BE REPORTED (NOT COMPREHENSIVE) - TAKEN FROM FORM D100 ISSUED BY DVLC

GIDDINESS FAINTING BLACK OUTS EPILEPSY DIABETES STROKE

MULTIPLE SCLEROSIS PARKINSON'S DISEASE HEART
DISEASE

ANGINA CORONARIES HIGH BLOOD PRESSURE ARTHRITIS DISORDER OF
VISION

MENTAL ILLNESS ALCOHOLISM CARDIAC PACEMAKER

DRUG TAKING LOSS OF USE OF LIMB

Play Away,
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TERMS AND CONDITIONS OF MINIBUS USE

In order to ensure the safety and enjoyment of all groups who use the minibuses, and to prolong its smooth running it is extremely important that the vehicle is treated properly and driven carefully.

To ensure this you **must** complete and sign minibus safety check lists both before you go out and on return of the vehicles.

We appreciate that this procedure may be a little inconvenient, but your co-operation will help ensure the safety of yourselves and other users.

Collection and return times that have been agreed by you and staff have to be strictly adhered to as failure to keep arrangements will affect the next user group.

Please read the following conditions of use carefully. Failure to fully comply may jeopardize future use of the vehicles by your group.

FOR INSURANCE PURPOSES ONLY AUTHORISED PERSONS AGED BETWEEN 25 AND 65 MAY DRIVE THE VEHICLES.

THE DRIVER MUST HAVE A CLEAN LICENSE AND A MINIMUM OF THREE YEARS DRIVERS EXPERIENCE.

A COPY OF THE DRIVERS LICENSE MUST BE PRODUCED EACH TIME THE VEHICLES ARE COLLECTED.

ALL RELEVANT PAPERWORK MUST BE COMPLETED AND SIGNED BEFORE AND AFTER YOUR USE.

ANY DAMAGE TO THE VEHICLES WILL BE SUBJECT TO A PAYMENT OF £200 PER INCIDENT PAYABLE BY YOUR GROUP, WHICH ALSO COVERS ANY INCREASE IN PREMIUMS THAT MAY ARISE.

I HEREBY AGREE TO THE TERMS AND CONDITIONS OF USE AS DETAILED ABOVE

SIGNED..... PRINT NAME..... DATE