



TUS Midlands Car Pooling Scheme

REGISTRATION FORM

Appendix D

*Number of Car-Pooling Group**

Car space number allotted to this car-pooling group

Note: A carpool groups must always have a minimum of three active members.

Please refer to TUS Midlands parking regulations for car-pooling eligibility criteria and conditions.

Please submit this form in hardcopy only to the Estates Department.

Group leader - Partner 1 (“Driver”)

Name		Sex (M/F)	
e-mail		Mobile No	
Full-time post	Part-time post	Staff No	Student No
Department		Course being undertaken	
		Date from:	
		Date to:	
Home address			
Telephone		Mobile	

Partner 2 (“Passenger”)

Name		Sex (M/F)	
e-mail		Mobile No	
Full-time post	Part-time post	Staff No	Student No
Department		Course being undertaken	
		Date from:	
		Date to:	
Home address			
Telephone		Mobile	

Partner 3 (“Passenger”)

Name		Sex (M/F)	
e-mail		Mobile No	
Full-time post	Part-time post	Staff No	Student No
Department		Course being undertaken	
		Date from:	
		Date to:	
Home address			
Telephone		Mobile	

Partner 4 (“Passenger”)

Name		Sex (M/F)	
e-mail		Mobile No	
Full-time post	Part-time post	Staff No	Student No
Department		Course being undertaken	
		Date from:	
		Date to:	
Home address			
Telephone		Mobile	

Partner 5 (“Passenger”)

Name		Sex (M/F)	
e-mail		Mobile No	
Full-time post	Part-time post	Staff No	Student No
Department		Course being undertaken	
		Date from: Date to:	
Home address			
Telephone		Mobile	

Vehicles information:

Car 1 Registration number	Make	Model	Colour
Car 2 Registration number	Make	Model	Colour
Car 3 Registration number	Make	Model	Colour
Car 4 Registration number	Make	Model	Colour
Car 5 Registration number	Make	Model	Colour

Regular days of Car Pooling:	All Week	No of days attending – please specify days.
Date of start		Expiry date

We have received and read the conditions of TUS Car Pooling scheme and acknowledge same. We agree to notify TUS Midlands Estates, who administer the Car Pooling scheme, if any of the above information changes.

Partner 1 (Date, Signature)

Partner 2 (Date, Signature)

Partner 3 (Date, Signature)

Partner 4 (Date Signature)

Partner 5 (Date, Signature)

Return form to: TUS Midlands Estates Department,
Contact: e-mail

Approved

Remarks

Please note all information received will be stored in compliance with TUS Data Protection Policy.