**To be completed by Community Representative**

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| **Community Name / Community Group Name:** |  |
| **Please provide details of the Lead Representative to liaise with Roads & Transportation about Winter Assistance:** |
| **Name:** |  |
| **Address:** |  |
| **E-mail:** |  |
| **Telephone number:** |  |
| **What area would you like to work in?** **Please name or describe the footpaths you would like to treat (these areas will be mapped and agreed with the council):** |
|  |
| **What equipment would you like? (Please insert numbers)** |
| **Grit bins:**  |  | **Snow shovels:**  |  | **Salt Spreaders:**  |  |
| **High visibility jackets:** |  | **Wheelbarrows:** |  | **Gloves (pairs):** |  |
| **Where would you like the grit bins/salt piles to be located? (Please list locations):** |
| **Where will you store the equipment? (Please provide an address and description of the premises)** |

**IMPORTANT**

**Please list below the names and addresses of the volunteers who will be working on the footpaths. Please note that volunteers need to be pre-registered to be covered by insurance. You can add more names later by sending in another form.**

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| **Volunteer Name** | **Address** |
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**RETURN OF FORMS**

**Please return forms by e-mail to** **roadsandtransportation@southlanarkshire.gov.uk**