**Review of Occupational Road Risk Policy & Practices**

**Site Visit**

**A P P L I C A T I O N F O R M**

|  |  |
| --- | --- |
| Name of Company/Organisation |  |
| Name of Representative |  |
| Your Position |  |
| Business Address |  |
| Business phone number |  |
| Mobile number |  |
| Email address |  |
| Brief description of your organisation and nature of business | Include size of your organisation including number of employees, number of sites, size of fleet including owned vehicles/vans and ‘grey’ (owner/driver) and generalised description of the types of journeys undertaken for work purposes by employees. |
| Brief description of your current policy arrangements in relation to MORR |  |
| How will our review help develop your organisations approach to MORR |  |

This form should be returned to [info@scorsa.org.uk](mailto:info@scorsa.org.uk) or by fax to the number below.

Places will be confirmed within 5 days of receipt of application.

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