**Membership Form**

**Name: Job Title**

**Tel No: Email:**

**Company Name:**

**Company Website:**

**What is the nature of your business?**

**Where did you hear about ScORSA?**

**Do you have any existing road risk policies? If yes please give detail:**

**Vehicle classes and numbers including grey fleet (number of drivers who use their own vehicle:**

**What do you hope to gain from ScORSA? (please put in order, 1,2 or 3, 1 being most important)**

**Improved safety: Improved Company image: Maximisation of profits:**

**Are you satisfied with your current recording system for vehicle incidents?**

Data Protection:

Your personal information will be used by ScORSA/RoSPA solely for the purposes listed below and will not be disclosed to third parties. A ScORSA newsletter containing relevant information to help manage occupational road risk will be sent to members periodically.

I do NOT wish to receive this

The information you supply will be used for research and evaluation of the ScORSA initiative and will be useful in identifying best practice which can be shared with other organisations.

I would rather the information was not used in this way

You also consent to us providing to you information about other services or products from carefully selected third parties.

I do NOT want to receive such information

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