

# Community Transport:

Wollongong - Shellharbour

## BUS BOOKING APPLICATION FORM 2017

### 1. GENERAL

Name of Organisation/Group	
Address for Correspondence/Accounts	Postcode
Contact Person 1	
Contact Numbers	(W) (M)
Contact Person 2	
Contact Numbers	(W) (M)
<b>Contact person is responsible for ensuring that payment is made upon receipt of invoice.</b>	

### 2. ELIGIBILITY

Do you consider your group to be Commonwealth Home Support Program (CHSP) or Community Transport Program (CTP) eligible? Yes <input type="checkbox"/> No <input type="checkbox"/> CHSP <input type="checkbox"/> CTP <input type="checkbox"/> Please Provide Brief Description:	
Does your group receive funding for transport? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does your group have Public Liability Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes' please ensure a copy of Certificate of Currency is attached. If 'no' your group is ineligible for Community Transport.

### 3. BOOKINGS

Regular Booking Yes <input type="checkbox"/> No <input type="checkbox"/>	One-off Booking Yes <input type="checkbox"/> No <input type="checkbox"/>
Which Community Transport Office do you require a Service from?	Wollongong <input type="checkbox"/> Shellharbour <input type="checkbox"/> Both <input type="checkbox"/>
Day of Week and Frequency	
Can your group be flexible with this day?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, please give alternate day of week	
Proposed use and group destination	
Size of group ie: number of people	

### 4. DRIVER

Can your group supply your own driver?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If you have your own driver(s) each driver will have to undergo the following checks:

- Medical Check – Fitness to Drive Report – there is a specific form for this medical check which has to be obtained from Community Transport: Wollongong – Shellharbour (CT:WS)
- Police Check
- Driver’s Licence Validity Check

CT:WS will require a copy of these completed checks and are able to assist with the Police Check and the Licence Check. Any costs incurred for the medical check will be the responsibility of your organisation.

The eligible group is responsible for the risk to their driver, together with any cost of insurance excess (ie \$500). **This excess will be charged in the case of damage to the vehicle.** The driver is responsible for any penalties or fines received whilst driving the vehicle.

Please provide the names of your nominated drivers.


## 5. CARER / ASSISTANT

### Nominated Carer/Assistant

In line with Community Transport policy, all groups **MUST** provide their own carer/assistant on the bus; this person cannot be a client in the group. All carer/assistants are required to be on the bus during **all** service user pick-up and return trips and must advise the driver the pick-up order. The carer is also required to ensure that alcohol is not consumed on the bus.

Name			
Address			
Phone: Work or Home		Mobile	

## 6. GROUP EVALUATION

Does your group have alternative transport arrangements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, briefly outline arrangements	
Does your group complete a quarterly MDS Return?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your group count Transport in your MDS return? If yes, you will not be eligible for subsidised services and will be charged full cost recovery.	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 7. CLIENT INFORMATION

In order to meet the requirements of our funding CT:WS requires core information on each client that travels on our buses. This information is used for statistical purposes, will be held in the strictest confidence and only accessed by CT:WS staff.

Could you please complete the Client Information and Referral Record (attached) for each client who will be travelling on the bus prior to their trip? This information will be required once and a passenger list (also attached) must be provided every time the group uses the bus.

Failure to provide this information may result in a bus not being available to a group.

## 8. AGREEMENT

I acknowledge that:

- a. Buses from Community Transport: Wollongong - Shellharbour can only be driven by the driver(s) nominated above or by any other driver suitably licenced and previously approved by the Community Transport Coordinator or nominee.

b. Our organisation clearly understands that buses from the Community Transport: Wollongong - Shellharbour must only be used for the purpose stated in this application or any subsequent Trip Request Form.

c. Failure to return the bus in a clean and tidy condition could affect our ability to access buses from this Project on any future occasion.

I accept that Community Transport: Wollongong - Shellharbour reserves the right to cancel a service on any given day, in the event of a vehicle being off the road due to unforeseen circumstances.

<b>Signed</b>	_____
<b>Position</b>	_____ Date: _____

I have read and agree to the conditions contained in **Community Bus Bookings: Procedures and Guidelines for Use 2017**.

<b>Signed</b>	_____
<b>Position</b>	_____ Date: _____

**Please complete and return all forms to:**

**Community Transport: Wollongong - Shellharbour  
Wollongong City Council  
PO Box 693  
WOLLONGONG NSW 2500  
[communitytransport@wollongong.nsw.gov.au](mailto:communitytransport@wollongong.nsw.gov.au)**