



BUS BOOKING APPLICATION FORM 2025

1. CONTACT INFORMATION *(Please complete all sections)*

Name of Organisation / Community Group		
Street Address		
ABN		
Contact Person 1		
Contact Phone	(W)	(M)
Email Address		
Contact Person 2		
Contact Phone	(W)	(M)
Email Address		
<i>Accounts contact responsible for ensuring that payment is made upon receipt of invoice.</i>		
Accounts Contact		
Postal Address		
Accounts Contact Phone	(W)	(M)
Email Address		

2. ELIGIBILITY *(Please complete all sections)*

Community Transport: Wollongong-Shellharbour is funded through the Commonwealth Home Support Program (CHSP) and the NSW Community Transport Program (CTP). Please indicate whether your group meets any of the following eligibility criteria: *(Tick all that apply.)*

- People over 65 years of age and living independently.
- People from Aboriginal or Torres Strait islander communities.
- People from culturally and linguistically diverse backgrounds.
- People who live in rural and remote areas.
- People who are financially or socially disadvantaged.

Please note that subsidised Community Transport is not available to people on a Home Care Package, in receipt of NDIS funding or those in residential care. Please provide details if this applies to members of your group.



Does your group receive funding for transport?	<input type="checkbox"/> Yes – Please provide details <hr/> <input type="checkbox"/> No
Does your group have Public Liability Insurance? Please ensure a copy of your Public Liability Insurance Certificate of Currency is provided with this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No – Your group is not eligible to use CTWS.

3. BOOKINGS *(Please complete all sections)*

Regular Bookings Please provide details	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly Preferred day: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Start date: _____ Finish date: _____
Irregular/one-off bookings Please enter date/s and times	

Are your dates flexible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total number of people in your group (including carers, staff, or volunteers.)	

5. CARER / ASSISTANT DETAILS

Nominated Carer/Assistant	
All groups MUST provide at least one Carer / Assistant per bus. The Carer / Assistant cannot be a client in the group. All Carers / Assistants are required to be on the bus for the entire transport service, including pick-ups and drop-offs. If your group is funded under the Commonwealth Home Support Program (CHSP) for older people, each Carer / Assistant must have a current certified First Aid Certificate. Please provide a copy with your booking.	
Carer/Assistant Name	
Address	
Contact Phone	(W) _____ (M) _____



6. CLIENT INFORMATION

To meet funding obligations, CWTS collects specific information about each client that uses this service. This information is used for service delivery and statistical purposes only. A Client Information Form will need to be completed for each person travelling on the bus.

7. AGREEMENT

On behalf of _____ [insert group], I agree:

- to only use CTWS buses for the purpose stated in this application;
- that if I return the bus in less than a clean and tidy condition, an additional cleaning fee will be charged by CTWS;
- CTWS reserves the right to cancel a service in the event of unforeseen circumstances;
- I have read and agree to abide by this Agreement and the terms and conditions of the **Community Bus Hire Bookings: Procedures and Guidelines for Use 2025**.

Signed: _____

Title: _____ **Date:** _____

Please complete and return all forms to:

Community Transport: Wollongong-Shellharbour
Wollongong City Council
PO Box 693
WOLLONGONG NSW 2500
Phone 1300 987 422 | Email communitytransport@wollongong.nsw.gov.au
www.ctws.com.au/