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VEHICLE HIRE APPLICATION FORM

Vehicle Hire Agreement - Terms and Conditions apply at all times.

1. GROUP INFORMATION or INDIVIDUAL DETAILS			
Name (of group or individual)			
Address		ABN	
		Postcode	
Address for Correspondence		Is the group registered for GST?	
		Postcode	
Name of Contact Person (group only)			
Phone Work:	Mobile:	Home:	
Email:			Fax:
2. BOOKING/S		One Off	Y/N
		Overnight	Y/N
Dates Required:		Day of Week:	
Start Date & Time:	am/pm	Arrival Date & Time at Venue:	
Return Date & Time:	am/pm	Departure Date & Time at Venue:	
Vehicle must be returned by 5pm unless prior written agreement received from SWCT			
Can your group be flexible with these dates? (please tick) If yes please give alternative dates?		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
Size of group/anticipated number of passengers:			
Will people using wheelchairs/walkers be transported (please circle)		Wheelchairs	Walkers
If yes, How many wheelchair/walkers would be transported		Number of Wheelchairs	
		Number of Walkers	
Note: Where access to wheelchair hoist is required the driver MUST undertake a hoist and wheelchair restraint orientation prior to the date of booking. This orientation may take several hours to ensure competency			

Proposed use and Destination (including explanation as to why the vehicle is required overnight if relevant): <i>Vehicles must remain within Boundaries identified in the Terms and Conditions of Hire e.g. Sydney, Wollongong, Hornsby, Berrima and Penrith.</i>			
If you wish to travel outside the Boundaries identified in the Terms & Conditions of Hire please detail the proposed use and destination, including explanation as to why the vehicle is required to travel out of standard boundaries (<i>Boundaries identified in the Terms and Conditions of Hire e.g. Sydney, Wollongong, Hornsby, Berrima and Penrith</i>).			
3. GARAGING (for overnight hires only)			
Where will the vehicle be garaged overnight:			
Is this (please tick)	Off street parking	On street	
Will a risk assessment of the garaging options be undertaken (please tick)	Yes	No	
What strategies shall you undertake to ensure the safety of the vehicle			
Do you guarantee the safety of the vehicle in this situation (please tick)	Yes	No	
4. DRIVER			
Can you supply your own driver (please tick)	Yes	No	
<i>If yes, the driver will need to undertake an orientation process. An LR class licence or higher may be required to drive some SWCT vehicles</i>			
<i>If No, do you require a SWCT Driver to provide service? (groups only)</i>	Yes	No	
Group Only: If SWCT driver is provided the hiring group will be financially liable for all costs incurred including accommodation, meals etc. Legal requirements such as timely breaks when driving must be taken into account by the hirer when preparing timetables etc.			
5. GROUP ONLY			
What LGA's does your group cover:			
Please identify target group to be transported (e.g. frail aged, youth)			
Does your group have			
• A Work Health & Safety Policy (please tick)	Yes	No	
• Risk Assessment/Management Procedure (please tick)	Yes	No	
Hire will not be provided unless your group has Public Liability Insurance Coverage <i>Have you attached a copy</i>	Yes	No	
Do you have the authority of your organisation to accept the Terms & Conditions set out in the Vehicle Hire Agreement (please tick)	Yes	No	
6. GENERAL			
Have you read the Terms & Conditions set out in the Vehicle Hire Agreement (please tick)	Yes	No	
Do you agree to abide by all conditions set out in Terms & Conditions set out in the SWCT Vehicle Hire Agreement	Yes	No	
Name of Person Signing this Request			
Signature		Date	
Office Use Only			
Type of Quote approved to be provided (group & non client individuals only)			
Application Approved By (signature)		Date	
Note: Any Self Drive/Group overnight or out of boundaries must be signed off by a the Executive Officer or Manager in their absence			