



PERMANENT VEHICLE BOOKING EXPRESSION OF INTEREST

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

1. GROUP INFORMATION			
Name of Organisation			
Address of Organisation			Postcode
Address of Correspondence			Postcode
Name of Contact Person			
Phone Work:	Mobile:	Home:	
Email:			Fax:
2. BOOKING/S			
What type of booking is required (<i>please tick</i>)	<input type="checkbox"/>	Regular Bookings	<input type="checkbox"/> One – Off (<i>for one off please complete one off Vehicle Hire Application Form</i>)
Day of Week & Frequency (<i>e.g. every Monday or 2nd Monday of month</i>)			Commencement Date
Start Time:	am/pm	Arrival time at venue:	
Return Time:	am/pm		
Size of group/anticipated number of passengers			
If weekly booking, will the destination and times alter during the month			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please indicate which week you anticipate may alter			
3. DRIVER			
Can your group supply your own driver (<i>please tick</i>)			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, the driver will need to undertake an orientation process. An LR class licence or higher is required to drive SWCT buses (regardless of vehicle size)</i>			
If No, do you require a SWCT Driver to provide service?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. GROUP EVALUATION			
Does your group have an ABN Number? If yes please provide		Is your group registered for GST?	
Please indicate the structure of your organisation (<i>e.g. incorporated, council, trust etc</i>)			



Which Local Government Area/s does your group cover			
Does the Organisation have Public Liability Insurance Coverage <i>(please tick)</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
<i>If yes a copy of Certificate of Currency must be provided with this form</i>			
Does your group receive funding to provide services <i>(please tick)</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
If yes, What type of funding <i>(e.g. CSGP)</i>			
If no, how does your group obtain resources to operate <i>(e.g. fundraising etc)</i>			
Does your group allocate a budget item for transport <i>(please tick)</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
If yes, please indicate where these funds are allocated from <i>(e.g. fundraising, specific funding, membership fees etc)</i>			
If no, please explain how the group intends to contribute towards the cost of transport			
Does your group have a Work Health & Safety Policy <i>(please tick)</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Does your group Risk Assessment/Management Procedure <i>(please tick)</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
5. GROUP NEEDS EVALUATION			
Please identify target group to be transport <i>(e.g. frail aged)</i>			
Is passenger/wheelchair hoist access required <i>(please tick)</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
If yes, How many wheelchair users would be transported			
Does your group have alternative transport options <i>(please tick)</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
If yes, is access to SWCT resources needed to <i>(please tick)</i>	<input type="checkbox"/>	Replace	<input type="checkbox"/>
Please briefly describe what transport arrangements you have made in the past			
6. AGREEMENT			
<ul style="list-style-type: none"> • I acknowledge the information provided in this application is true and accurate. • I have the permission of the organisation submitting this application to sign this document on their behalf • I acknowledge if this application should be successful SWCT shall reserve the right to cancel services, due to unforeseen circumstances, without financial implications. • I have read and agree to the conditions contained in South West Community Transport Vehicle Booking Procedure and Guidelines for use 2012. • I acknowledge should this Vehicle Hire Expression of Interest be successful a representative from our organisation may be required to attend a Vehicle Hirer Information Day to be held in December. 			
Name of Person Signing this Request			
On behalf of (name of organisation)			
Signature			Date