## 

TRADING AS

COMMUNITY TRANSPORT and

ACCESSIBLE TRANSPORT

AUSTRALIA

VEHICLE HIRE APPLICATION FORM			
1. HIRER INFORMATION			
Name: (of group or individual)			
Address:			
Name of Contact Person: (group only)			Is the group registered for GST?
Work Phone:	Mobile:		Home:
Email:			Fax:
Target Group: □ Frail Aged □ NDIS □ N/A			ABN:
2. BOOKING INFORMATION			
Is this booking a:  Day hire Overnight hire Extended Use Hire			
Will you supply your own driver or do you require a SWCT driver?  Own Driver  SWCT Driver			
If own driver, what class licence do they hold? <i>Note: If own driver, driver must undertake an orientation on the vehicle prior to use to ensure competency.</i> Booking Date/s:			
Booking Date/s.			
Destination of hire:			
Anticipated Pick Up Time: Anticipated R			rn Time:
If vehicles are booked out on the date required, can your group be flexible with dates? If yes, please provide an alternate date:			
Anticipated number of passengers: Wha		What type of veh	icle is required? □ Hi- Ace □ Rosa
Do you require a hoist or non-hoist vehicle and/or a trailer?  Hoist Non Hoist Trailer Trailer			
Number of people with wheelchairs: Numbe		Number of peopl	e with walkers:
Where will the vehicle be garaged? (if required)			
3. GENERAL			
Have you provided us with your Public Liability Insurance?			
Have you read and agree to the Terms & Conditions set out in the Vehicle Hire Agreement?  Yes No			
Hirer Name:	Signature:		Date:
Office Use Only			
Quote completed by:			
Application Approved by:     Date:			