**Vehicle Hire Booking Form**

Terms and Conditions of Vehicle Hire Agreement apply at all times

**HIRER CONTACT DETAILS**

|  |  |
| --- | --- |
| Name of Hiring group: |  |
| Booking contact: |  |
| Email: |  |
| Phone: |  |
| Reason for Vehicle Hire |  |

**BOOKING DETAILS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Day of Week** | **First or primary pick up address** | **Start time** | **End**  **time** | **Destination/ comments** |
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**Notes/ Additional Information:**

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| How many vehicles do you wish to hire? |  |
| What is the anticipated number of passengers including staff? |  |
| Is passenger/wheelchair hoist access required? (Only one person seated in a wheelchair during transit per vehicle) | Yes No |

**ELIGIBILITY & GROUP EVALUATION**

|  |  |
| --- | --- |
| Please identify/ describe the target group to be transported  (e.g. aged, people with disability, youth etc.) |  |
| Is your group Commonwealth Home Support Program (CHSP) eligible? | Yes No |
| Does your group report trips through the Data Exchange (DEX)? | Yes No |

**PASSENGER INFORMATION**

For all hiring groups:

As per Safety Requirements a passenger manifest is to be provided for each transport event.

**DRIVER:**

Our vehicles are hired with STGCT drivers only unless otherwise agreed.

(If you are using your own driver the driver must hold a current LR licence or higher and they must submit their details for a drivers licence/demerit point check. A vehicle orientation and driving demonstration will also be required)

Are you requesting to use your own driver? Yes No

**Own Driver Details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone contact |  |
| Licence Class |  |
| Licence number |  |

**NOMINATED CARER/ ASSISTANT**:

All hirers MUST provide a ‘carer/ assistant’ to accompany the passengers.

The carer/ assistant is required to be on the bus during all service user pick up and return trips.

The driver is not permitted to convey any passengers without a carer/bus assistant present. If the driver arrives at the hire and there is no carer/bus assistant, the hire will be cancelled.

|  |  |  |
| --- | --- | --- |
| Name of Carer/ Assistant |  | |
| Phone contact |  | Mobile: |
| Comments: | | |

**GENERAL:**

|  |  |
| --- | --- |
| Have you read, understood and agree to be bound by the the Terms and Conditions set out in the Vehicle Hire Agreement? | Yes No |
| Does the organisation have Public Liability Insurance Coverage?  *(If yes a current ‘Certificate of Currency’ must be provided with this form.)* | Yes No |

**AGREEMENT**

I acknowledge that:

* 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.
* If this application is successful STGCT reserves the right to cancel services, due to unforeseen circumstances, without financial implications.
* I have read and provided a signed copy of the STGCT Vehicle Hire Agreement.
* Our organisation clearly understands that buses from STGCT must only be used for the purpose stated in this application.

|  |  |
| --- | --- |
| Name of person signing this request: | |
| On behalf of (name of organisation or group): | |
| Signature: | Date: |