



FLINTWOOD

Disability Services Inc.

Flintwood Disability Services Inc
PO Box 2501
North Parramatta NSW 1750
Tel: 02 9630 1777 Fax: 02 9630 1788

APPLICATION FOR COMMUNITY BUS

Application for Community Bus

Name of Organisation / Individual:
Address:
Post Code:
Contact Name:
Phone Number:
ABN (If applicable):

Proposed use of bus:.....
.....
.....

Name and Address of driver(s):

Driver.1.....	Driver.2
.....
.....

Licence Number:	Licence Number:
1.....	2.....
Sighted:.....	Sighted:.....

On behalf of the Organisation / Individual making this application, I acknowledge the Community Bus can only be driven by the nominated driver(s) listed above who has/will undertake an Induction. I clearly understand that the Community Bus must only be used for the purpose stated in the application and that failure to return the bus in a clean and tidy condition could affect the ability to use the Community Bus on any future occasions. I agree to abide by the general Terms and Conditions as set down by the Management of Flintwood Disability Services.

Prior to signing the application please ensure you have read all the attached relevant information.

NB: A late cancellation will incur an Administration Fee of \$10.00 This will be added to your next booking.

Signed: Date:.....

Print Name:.....

Position Held:.....