



Vehicle Self Drive Hire

South West Community Transport (SWCT) operates a Self Drive Hire project, the aim of which is to provide eligible clients with an opportunity to access Community Transport vehicles after 5pm week days and on weekends, or as negotiated with SWCT .

A friend or family member with a 1C drivers licence and who is willing to undertake a one off vehicle orientation session will be able to hire and drive the vehicle on behalf of SWCT wheelchair bound clients. This may be for a family gathering, picnic or just a drive in the country.

The Vehicles

- Require a 1C drivers licence
- Have an automatic gear box
- Have been modified with a rear ramp for wheelchair access,
- Have a seating capacity of 5 passengers plus the driver and wheelchair
- Are provided with a full tank of fuel

Cost of the hire is \$35 per day. Bookings must be made at least one week prior to the date of hire.

**For more information and
to arrange for your Driver Registration
Please contact
South West Community Transport
on 4629 6888**



ABN 33 226 912 121
P. O. Box 617, Narellan, 2567

Phone Enquires 4629 6888
Client Bookings 1300 138794

Facsimile: 4629.6800
Email: transport@swct.com.au

VEHICLE SELF DRIVE ACCESS – DRIVER REGISTRATION FORM

Registration for access to SWCT Self Drive vehicles
must be received at a minimum 1 week prior to booking date

1. Client Information (*Client must be registered with SWCT*)

Name of client _____
Address _____
_____ Post Code

Phone: Work: _____ Mobile: _____ Home: _____

Email Address: _____

Type of wheelchair to be used during access (*Please circle*)

Manual Electric (*Scooters not eligible for use in these vehicles*)

2. Driver Information

Name of Driver _____
Address _____
_____ Post Code

Phone: Work: _____ Mobile: _____ Home: _____

Email Address: _____ Relationship to Client _____

Driver Licence Number _____ Expiry Date _____ Class _____

A Copy of Driver's current licence to be provided to SWCT

3. Vehicle Orientation

Has the Driver, identified on this registration form, previously completed SWCT Driver Self Drive Vehicle Orientation

Yes No *Please tick one*

To be completed by Office Staff

- *Date Vehicle Orientation Completed* _____
- *Copy of Current Drivers Licence provided* _____
- *Driver Registration Number* _____
- *Client confirmed as Eligible Registered SWCT Client* _____

**A H.A.C.C. funded project providing accessible transport in the areas of
Camden, Campbelltown, Fairfield, Liverpool and Wollondilly**



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VEHICLE SELF DRIVE ACCESS – BOOKING FORM

Registration for access to SWCT self drive vehicles
must be received at a minimum 1 week prior to booking date

Clients Name _____ Address _____ Phone _____

Drivers Name _____ SWCT Driver Registration Number _____ Phone _____

Booking Details

Date Required _____ Day of Week _____

Start time: _____ am/pm Return time: _____ am/pm

Can you be flexible with this day? Yes No Please tick one

Please give alternative date and day of week: _____

Proposed use and Destination: _____

Anticipated number of passengers: _____

6. Agreement

- I acknowledge the information provided in this application is true and accurate.
- I have the permission of SWCT Client identified above to submit this registration on their behalf
- I acknowledge that if this application should be successful SWCT shall reserve the right to cancel services, due to unforeseen circumstances, without financial implications.
- A contribution of \$35 per day to be left in vehicle, when returned to compound, in the envelope supplied – *Receipt to be forwarded by SWCT within one week.*
- I have read and agree to the conditions contained in South West Community Transport Terms and Conditions of Vehicle Self Drive Agreement.
- I acknowledge that a registration form must be completed by each driver if more than one driver is accessing the vehicle on behalf of an individual client
- I acknowledge that should this Vehicle Self Drive Registration be successful the Driver identified on the form shall be required to attend a Vehicle Self Drive Orientation Session prior to receiving access to vehicle. This shall be a condition of access and is a compulsory requirement prior to agreements being completed.

Signature

Print Name

Date

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VEHICLE SELF DRIVE ACCESS OUT OF BOUNDARIES / OVERNIGHT REQUEST APPLICATION

Registration for access to SWCT self drive vehicles
must be received at a minimum 1 week prior to booking date

Clients Name _____ Address _____ Phone _____

Drivers Name _____ SWCT Driver Registration Number _____ Phone _____

1. Booking Details

Date Required _____ Day of Week _____

Start time: _____ am/pm Return time: _____ am/pm

Can you be flexible with this day? Yes No Please tick one

Please give alternative date and day of week: _____

Anticipated number of passengers: _____

5. Destination

Proposed use and Destination, including explanation as to why the vehicle is required to travel out of standard boundaries: *Boundaries identified in the Terms and Conditions of Access e.g. Sydney, Wollongong, Hornsby, Berrima and Penrith.*

Estimate of kilometres to be travelled _____

6. Garaging

Will the vehicle be required over night? Yes No *Please tick one*

If yes, please complete following

Where will the vehicle be garaged overnight? _____

Is this on street OR off street parking?

What strategies shall you undertake to ensure the safety of the vehicle?

Do you guarantee the safety of the vehicle in this situation? Yes No *Please tick one*

6. Agreement

- I acknowledge the information provided in this application is true and accurate.
- I have the permission of SWCT Client identified above to submit this registration on their behalf
- I acknowledge that if this application should be successful SWCT shall reserve the right to cancel services, due to unforeseen circumstances, without financial implications.
- A contribution of \$35 per day to be left in vehicle, when returned to compound, in the envelope supplied – *Receipt to be forwarded by SWCT within one week.*
- I have read and agree to the conditions contained in South West Community Transport Terms and Conditions of Vehicle Self Drive Agreement.
- I acknowledge that a registration form must be completed by each driver if more than one driver is accessing the vehicle on behalf of an individual client
- I acknowledge that should this Vehicle Self Drive Registration be successful the Driver identified on the form shall be required to attend a Vehicle Self Drive Orientation Session prior to receiving access to vehicle. This shall be a condition of access and is a compulsory requirement prior to agreements being completed.
- being completed.

Signature

Print Name

Date

SWCT Driver Registration Number _____ *(to be confirmed by office staff)*

Office Use Only

- *Booking confirmed with Driver, Date* _____
- *Booking entered and confirmed in system, Date* _____ *Initial* _____