**COMMUNITY BUS DRIVER AUTHORITY APPLICATION**

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| --- |
| **Applicant Details** |
| **Application Type:** | **[ ]  Original** **[ ]  Renewal** |
| **Name:** |       |
| **Postal Address:** |       |
| **Residential Address:** |       |
| **Phone (W):** |       | **Phone (H):** |       |
| **Mobile:** |       | **Fax:** |       |
| **Email:** |       |
| **Preferred Contact Method:** | **[ ]  Phone [ ]  Mail [ ]  Email** |
| **License Number:** |       | **Class:** |       |
| **Applicant Signature:** |  **Date:**       |
| **Privacy Collection Notice:** | *Flinders Shire Council is collecting your name, residential address and telephone number in accordance with the Local Government Act 2009 in order to process your application. The information will only be accessed by employees and/or Councillors of Flinders Shire Council for Council business related activities only. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.* |
| **Further Details – E.g. Bus driving experience/groups normally drive for...**  |
|       |
| **Office Use Only** |
| **Received By:** |       | **Date:** |       |
| **Copy of Drivers License:** | **[ ]  Yes [ ]  No** | **Application Approved:** | **[ ]  Approved** **[ ]  Not Approved** |
| **Approved By:** |       | **Signed:** |  |
| **Induction Done By:** |        | **Date:**  |       |