**COMMUNITY BUS BOOKING FORM**

Please Note: The Community Bus seats 18 people including the driver.

For Fees & Charges please contact Council Office on (07) 4741 2900 or to go our Website [www.flinders.qld.gov.au](http://www.flinders.qld.gov.au)

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| **Applicant Details** | | | | | | | | |
| **School/Community Group:** |  | | | | | | | |
| **Contact Name:** |  | | | | | | | |
| **Postal Address:** |  | | | | | | | |
| **Residential Address:** |  | | | | | | | |
| **Phone (W):** |  | | | | **Phone (H):** | |  | |
| **Mobile:** |  | | | | **Fax:** | |  | |
| **Email:** |  | | | | | | | |
| **Preferred Contact Method:** | **Phone**  **Mail**  **Email** | | | | | | | |
| **Activity Vehicle Required for:** |  | | | | | | | |
| **Location of Activity:** |  | | | | | | | |
| **Date and time of pick up:** | **Time:**       **Date:** | | | | | | | |
| **Date and time of return:** | **Time:**       **Date:** | | | | | | | |
| **Driver Name:** | *Note: ensure driver is an approved person and has completed necessary documentation.* | | | | | | | |
| **Special Requirements:** |  | | | | | | | |
| **COVID-19 Requirements** | | | | | | | | |
| **COVID-19 control measures are mandatory to reduce public health risks. These measures may include extra cleaning, hygiene measures - regular washing of hands or regular availability of hand sanitiser and social distancing.**  **Hirers are required to:**   * **Thoroughly clean the bus after the hire.** * **Clean continuously touched surfaces.** * **Encourage attendees to apply hand sanitiser when entering and exiting the bus.** * **Ensuring attendees don’t attend if feeling unwell.** * **Physical distancing includes remaining at least 1.5 metres away from other persons/groups where possible.** * **Hold a list of all attendee (including driver) details for no less then 56 days (for contact tracing purposes if needed).**   **Please Note:** If Hirers are governed by a specific Approved COVID Safe Plan with different restrictions, Council may require documentation to confirm this. | | | | | | | | |
| **Hire Agreement** | | | | | | | | |
| **Note:** | **Driver, please be aware that damage caused to vehicles will result in the user being asked to reimburse Flinders Shire Council for the costs incurred.**  **Note:** INSURANCE EXCESS IS $500 + GST PER CLAIM | | | | | | | |
| **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 Council permission or we are required by law.* | | | | | | | |
| **Applicant Signature:** | **I acknowledge I have read and understood the contents of this form, and Council’s Community Bus Policy.**  **I agree to return the bus in a clean and tidy condition.**  **I understand an inspection will be completed by council staff and if deemed not cleaned, the bus will be cleaned at the expense of the hirer. The hirer will be invoiced the standard rate of $150.00.**  **I agree to abide by all Queensland road rules.**  **I agree to comply with all COVID-19 requirements set by the Queensland Government and Flinders Shire Council.**  **I certify that I am aware of the Flinders Shire Council Policy on payment of fines for traffic violations and parking infringements and that I accept liability for any such fines incurred while driving the vehicle described below.**  **Date:** | | | | | | | |
| **Office Use Only - Quotation of Cost** | | | | | | | | |
| **Type of Charge** | **Quantity** | | **Unit Cost** | | | | | **Total** |
|  |  | |  | | | | |  |
|  |  | |  | | | | |  |
|  |  | |  | | | | |  |
| **Total** | | | | | | | |  |
| **Office Use Only** | | | | | | | | |
| **Received By:** | | **Date:** | | | | | | |
| **Deposit Paid:** | | **$** | | **Receipt Number:** | |  | | |
| **Approval of use of Bus:** | | **Approved  Not Approved** | | | | | | |
| **Signed:** | | **Date:** | | | | | | |
| **Entered On Calendar:** | | **Yes  No** | | | | | | |
| **Driver Approved:** | | **Yes  No** | | | | | | |