

### COORDINATING

## CITY OF MELVILLE COMMUNITY BUS SERVICE

### APPLICATIONS FOR REGULAR USE IN 2019 BACKGROUND INFORMATION

- 1. REGULAR USE during 2018 does not establish prior rights for use in 2019.
- 2. Priority for allocation will be defined in "Policy for use of Community Buses". If you require a further copy of this document, contact the Bus Coordinator on 9319 0910.
- 3. REGULAR USE will start from Monday 15th January 2019 and cease after Thursday 19th December 2019.
- 4. Buses are not available for REGULAR USE on public holidays.
- 5. REGULAR USE is defined as using:
  - a. Once a week or once a fortnight or once a month; and
  - b. At the same times on the same day each time.
- 6. Categories for REGULAR USE are:
  - A. REGULAR MEETINGS Collecting individual members from different places to attend the same meeting place each time and returning the members after the meeting. Please forward a passenger list to Bus Coordinator prior to commencement
  - B. REGULAR OUTINGS Picking up a group at one place, taking the group to an arranged destination and returning the group to the pick up place.

All other bookings are classified "Occasional Use" and will be called for after determining REGULAR USE.

- 7. REGULAR WEEKLY and FORTNIGHTLY USERS are asked to plan on a four week month fifth week is often required for workshop maintenance.
- 8. Applications must be submitted on the attached form and MUST include a Certificate of Currency for public liability insurance.
- 9. To be considered for first allocation, applications must be received by Community Bus Coordinator at Melville Cares by 4.30pm on 6<sup>th</sup> December 2018. Applications received after that date will be included in a second round of allocations to any remaining vacancies. Applications to

Melville Cares Ph 9319 0910 P.O Box 266 Fax 9339 8335

Melville WA 6956 transport@melvillecares.org.au

- 10. Fees for use of Community Buses will be invoiced to ALL user groups at the end of each quarter. Payments can be made electronically as per the details are included on the quarterly invoice or by mailing a cheque to Melville Cares. To help in keeping costs to a minimum, it would be appreciated if you are able to provide an email address for emailing of accounts.
- 11. A copy of the City of Melville Bus Fees is attached for your reference.

#### **COMMUNITY BUS COORDINATOR**

#### POINTS TO NOTE:

- 1 Bus seating, which must not be exceeded, is:
  - (a) NO WHEELCHAIR, 20 passengers plus the driver.
  - (b) ONE WHEELCHAIR, 16 passengers plus the driver.
  - (c) TWO WHEELCHAIRS, 14 passengers plus the driver.
- 2 IF A WHEELCHAIR IS TO BE CARRIED, DISCUSS WITH THE DRIVER OR COORDINATOR IN ADVANCE TO FACILITATE SEAT REMOVAL OR REPLACEMENT.
- Carrying of walking frames, additional wheelchairs, eskies and other ancillary equipment is subject to the driver being able to secure it effectively in the vehicle. All ancillary equipment the driver refuses to carry is the responsibility of the group using the bus.
- 4 Eating, drinking and smoking are **NOT** permitted on the bus.
- Buses are to be returned in a clean and tidy condition. If the Council has to clean-up the bus, a charge will be levied against your group.
- 6 Report any damage to the driver.
- Your bus is driven by a volunteer who is happy to help you and your group have an enjoyable, worthwhile and safe trip. Please help your driver also to have such a trip.
- Pricing schedule is subject to annual review in June. Prices may be changed from 1st July each year or other date as determined by review process.

**IMPORTANT:** Please indicate second preference of days to facilitate easier allocation of regular services.

## **IMPORTANT Notices**:

All groups will be invoiced at the end of each quarter. Payments can be made electronically as per the details included on the invoice or by mailing a cheque to Melville Cares.

During recent years we have experienced a downturn in available volunteers drivers to fill all bus transport requests. Can all users groups please consider if they have suitable volunteers or drivers available to assist with their group thereby taking the pressure off our limited pool of volunteers.

Orientation on the vehicles including training on the use of modified equipment can be provided if necessary. Your assistance would be greatly appreciated.



## CITY OF MELVILLE COMMUNITY BUS SERVICE

# **APPLICATION FOR REGULAR USE IN 2019**

Group	<b>Details</b>								
Name	of Organisation:								
Addres	ss of Meeting:								
Contac	ct Person:								
Contac	ct Person Phone No (E	Business Hours):_							
Email	:								
Copy	of Certificate of Cur	rrency for Public	c Lia	bility	y Insura	ance inclu	ıded		[ ]
Meetii	ng Details								
1	Frequency:	Weekly	[	]					
						(Dayofl	Month	eg 1 <sup>st</sup> Tł	nursday
		Fortnightly	[	]					
		Monthly	[	]					
2	Preferred Starting D	ate in 2019:							
3	Preferred Day	Mon	[	]		Tue		[ ]	
		Wed Fri	[	]		Thu			
		Sun	[	]		Sat		[ ]	
4	Alternative Day	Mon	[	1		Tue		[ ]	
	·	Wed	]	j		Thu		[ ]	
		Fri Sun	l I	]		Sat		[ ]	
5	First Person Pick U <sub>J</sub>		L	,					
6	Meeting Start Time:								
7	Meeting Finish Tim								
8	Number of Wheelchair Passengers Nil [ ] One [ ] Two [ Number of Clients requiring hoist for entry [ ]								[ ]
Note:	If Nil wheelchair then 20 passengers plus driver.  If One wheelchair then 16 passengers plus driver. ( <b>Normal Configuration</b> )  If Two wheelchairs then 14 passengers plus driver.								
9	List any dates other than public holidays when no meeting will be held.								

Signature of Contact Person