Community Transport Trial Program

Client Registration Form

PERSONAL DETAILS

Full Name: _____ Date of Birth: _____

Address: _____ Suburb: _____

Phone Number: _____ Postcode: _____

Email: _____

Gender: ☐ Female ☐ Male ☐ Other: _____ ☐ Prefer not to say

Language/s spoken: _____

Indigenous Status: Aboriginal Torres Strait Islander N/A

Medical Conditions: _____

Allergies: _____

EMERGENCY CONTACTS

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

Email: _____ Email: _____

TRIP PURPOSE

- ☐ Trial – TAFE (Study)
- ☐ Trial – Traineeship (place of work)
- ☐ Trial – Apprenticeship (place of work)
- ☐ Trial – RTO (Study)
- ☐ Trial – Other: _____

INSTITUTION / EMPLOYER DETAILS

Name of TAFE Campus, RTO, or Workplace: _____

Address: _____

Student / Apprentice Registration ID Number: _____

Please return form to:
Sarah Whitley – CT Trial Officer
Phone: 6540 1912 (9.00am to 3.00pm)
214 Kelly Street, Scone NSW 2337
Email: sarah.w@transcare.org.au

TransCare Hunter Ltd

TRANSPORT DISADVANTAGE ELIGIBILITY

An eligible customer means a person who:

A. Is transport disadvantaged with limited or no access to private or public transport in regional NSW due to one or more of the following:

- Geographical location (e.g. rural and remote areas);
- When and where they need to travel (e.g. outside of public transport operating hours);
- Financial resources (e.g. other transport options unaffordable); or
- Cognitive or physical accessibility barriers.

B. Is not receiving funded transport through any other government-subsidised programs for the purpose of accessing Education or Employment; and

C. Requires a transport service for an Education or Employment purpose being:

- Transport to or from Education for the purpose of attending face-to-face study/training as required for their enrolled courses; and/or
- Requires transport to or from Employment.

I declare that I am transport disadvantaged ☐ Yes ☐ No

ACCESSIBILITY AND SUPPORT REQUIREMENTS

Please provide details if you have any accessibility and support requirements:

_____

TRANSPORT DAYS

☐ Monday ☐ Wednesday ☐ Friday
☐ Tuesday ☐ Thursday

FREQUENCY

☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly

LOCATION

Pick-up Address: _____

Drop-off Address: _____

Collection Time: _____ Return Time: _____

DECLARATION AND CONSENT

I declare that the information provided on this form is true and correct. I understand this transport service is part of a time-limited government trial running until 30 June 2027 and that my information may be shared anonymously with Transport for NSW for program evaluation purposes.

Signature: _____ Date: _____

Please return form to:
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Email: sarah.w@transcare.org.au