Community Bus Scheme Accreditation Application



About this form

This form is part one of a two stage process. You can use this form to apply for accreditation for your group / organisation to access the City of Sydney Community Bus Scheme. You must nominate authorised drivers on this form. The second stage of the process is that each nominated driver must apply for authorisation to drive Council vehicles by completing the "Community Bus Scheme Driver Authorisation Application".

How to complete this form

- 1: Ensure that all fields have been filled out correctly.
- 2: Please note that fields on this form marked with an * are mandatory and must be completed before submitting the application.
- 3: Once completed you can submit this form by mail, e-mail and in person. Please refer to the Lodgement details section for further information.

Part 1: Applicant Details								
Name of Organisation/group*								
Street Address*								
Postal Address (if differe	ant to aho	nve)						
Postal Address (if different to above)								
Contact Name*								
Position*	ition* Phone*			Mobile Number				
Email Address								
Part 2: Type of Organisation								
1. Please advise what t	ype of org	ganisation your group is (ple	ase tick box below)				
Church		Non-profit community or	ganisation	Social Club				
Community child care		Playgroup		Youth group				
Cubs/Scouts/Guides et	c 🗌	Seniors group		Service for people with disabilities				
Registered club		Sporting group		Other				
Schools								
Primary school		Public		Disadvantaged school				
Secondary school		Private						
Other (school)		Pre-School						
If your organisation/group does not fit into the above categories please provide a description in the box below								

Part 3: Organisation/Group Details						
1. Is your organisation/group (please tick bo	x applicable be	ox below)				
A registered charity		Incorporated organisation				
A registered co-operative		An informal group				
If your organisation does not fit into the above	ve catergories	please provide a description				
2. Please provide a brief history of your organisation/group						
_						
3. What are the main aims of your organisat	ion/group?					
4. What services and activities does your or	ganisation/gro	up provide?				
5. How many members are in your organisa	tion/group?					
6. In which suburbs do the members of your	group live?					
7. Does your organisation/group provide services for any of the following groups? (Please tick box(es) below)						
Aboriginal or Torres Straight Islander		Disabled				
Aged		LGBTIQ community				
Culturally and linguistically diverse		Youth				
Children and Families		General				
If your group does not fit into the above cate	rgories please	e provide a description (in the box below)				
8. How does you organisation/group obtain	funds? (please		_			
Government finding		Fund raising				
Charging fees		Seeking donations				
if you raise funds in other ways, please provide a description below.						

Part 4: Organisation/Group Requirements				
1. Please advise of the purpose/s for which	n the bus/es will be used			
2. Does your organisation/group already h	ave access to other bus/es? eg community transport, shared bus, own bus.			
3. If you do not obtain a community bus wl	hen required, what transport will your organisation/group use?			
Please provide any other information wheelchair spaces.	nich could be useful in assessing your application for use of the bus, e.g. need for			
Титовина присост				
Part 5: Nominated Drivers				
	supply their own driver. Please nominate your driver/s below. Ver Authorisation Application form and lodge it in person, before being allowed			
DRIVER ONE				
Given Name/s *	Family Name *			
Address *				
Business Number	Mobile Number			
Licence Number	Licence class (eg LR) Licence expiry date			
Licence Number	Licence class (eg Lix) Licence expiry date			
DDIVED TWO				
DRIVER TWO Given Name/s *.	Family Name *			
Address *				
Business Number	Mobile Number			
Licence Number	Licence class (eg LR) Licence expiry date			

Please Note: If there are additional drivers, please photocopy this page and attach their details with this application.

Vehicles" und possession of result in the su	lerstandin a Counci uspension	ig that both the communit il bus. I understand that f	community Bus Scheme Proce y organisation/group and our n failure to comply with Councils eme by my organisation/group a tion.	ominated driver/s to policies/procedures	ake responsibility when in s and instructions so may		
Applicant Nan	ne*		Applicant Signature *		Date		
Part 7: Priv	acy & P	ersonal Information F	Protection Notice				
Purpose of c	ollection	: This information is being Council area (Council La	g collected for the purpose of deand).	elivering community	y bus services in the		
Intended recipients: Supply:		City of Sydney employees. Any approved contractors required to provide this service. The supply of this information is voluntary. If you are unwilling to provide this information, the City					
Access/Correction:		of Sydney may be unable to provide access to City of Sydney services. Please contact Customer Service on 02 9265 9333 or at council@cityofsydney.nsw.gov.au to					
Storage:		access or correct your personal information. The City Life Unit at the City of Sydney, located at 456 Kent Street, Sydney NSW 2000, is					
Other uses:		collecting this information and the City of Sydney will store it securely. The City of Sydney will use your personal information for the purpose for which it was collected					
		and may use it as is neo	cessary for the exercise of othe	r functions.			
		ow the City of Sydney ma <mark>z.au/policies/privacy-ma</mark>	nages personal information, plonagement-plan.	ease refer to our Pr	ivacy Management Plan		
		here to Lodge your A pleted application by:	pplication				
MAIL:	City of S	Sydney					
		Ó Box 1591 dney NSW 2001					
E-MAIL:	council	council@cityofsydney.nsw.gov.au					
IN PERSON:	N: Town Hall House - Level 2, 456 Kent Street, Sydney See our website for details of all customer service centres and opening hours: cityofsydney.nsw.gov.au/customer-service-centres						
WHAT NOW:	Once your application is received a Council Officer will contact you within 7 working days if further information is required. Please Note: Applicants will be advised in writing of the outcome of their Accreditation Application.						
For further info	rmation re	egarding your application	please contact us by visiting ci	ityofsydney.nsw.go	v.au/contact-us		
Office Use	Only						
Receiving Officer (print name) Date Received							

Part 6: Applicant Declaration