

New Client Application

Contact details	
Please circle:	Mr Mrs Ms Miss
Date of Birth:	
First name:	Surname:
Address:	
Suburb:	Postcode:
Mobile:	Home phone:
Email:	
Mobility Aids	
Please tick appropriate box below	
None <input type="checkbox"/>	Wheelchair <input type="checkbox"/> Walking Frame <input type="checkbox"/> Walking Stick <input type="checkbox"/>
Emergency Contact Information	
First name:	Surname:
Address:	
Suburb:	Postcode:
Mobile:	Home phone:
Email:	
Relationship:	
Ambulance Permission	
I understand that if City of Rockingham staff or volunteers believe I require an Ambulance, due to illness or injury sustained while travelling on the Rockingham Connect, one will be called and the cost will be borne by me.	
Signature	Date
Eligibility criteria (please tick)	
Do you have access to a car?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you access public transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a low income or a health care card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you physically able to enter and exit the bus?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Booking Details:

Booking type: Casual ☐ Regular ☐

Casual clients are required to book services at least one week prior to date of travel.

Regular clients will automatically be picked up for services unless a cancellation is received.

Please tick boxes below to indicate which service(s) you are interested in

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Autumn Centre <i>Weekly</i> <input type="checkbox"/>	Spud Shed <i>Fortnightly</i> <input type="checkbox"/>	Baldivis Shopping Centre <i>Fortnightly</i> <input type="checkbox"/>	Rockingham Shopping Centre <i>Weekly</i> <input type="checkbox"/>	Autumn Centre <i>Weekly Pick-up</i> <input type="checkbox"/>
Bunnings-Rockingham <i>Monthly</i> <input type="checkbox"/>	Rockingham Navy Club Bingo <i>Weekly</i> <input type="checkbox"/>	Warnbro Shopping Centre <i>Fortnightly</i> <input type="checkbox"/>	Rockingham Shopping Centre <i>Fortnightly</i> <input type="checkbox"/>	<i>Lunch Return</i> <input type="checkbox"/> <i>Late Return</i> <input type="checkbox"/>
	Specialty Trips <i>Quarterly</i> <input type="checkbox"/>			

Declaration

I declare that the information provided in this application is true and correct. I understand that I must be physically able to enter and exit the Rockingham Connect vehicle unaided, utilising the step and hand rails provided.

I acknowledge that I have received, read and understood the Rockingham Connect Community Transport Service Conditions of Use.

I agree to adhere to these conditions and understand that failing to do so may result in my termination as a client of the Rockingham Connect Community Transport Service.

Signature

Date

A confirmation letter will be sent to you once your booking has been completed.

Please note each service is subject to availability. Cancellation of a service must be communicated to the Project Officer Community Transport by 12 noon the day prior to the scheduled service by phoning 9528 8562.