

Community shopping bus registration form

Civic Centre
165 Sir Donald Bradman Drive
Hilton, SA 5033
Tel: 08 8416 6333
Email: info@wtcc.sa.gov.au
SMS: 0429 205 943
Web: westtorrens.sa.gov.au



Personal details

Name:

Street address:

Suburb and post code:

Phone number:

Mobile phone number:

Email:

Are you a resident living in the West Torrens area? Yes ☐ No ☐

Do you give us permission to take your photo when on the bus? Yes ☐ No ☐

Do you give us permission to take a video of you when on the bus? Yes ☐ No ☐

Emergency contact

Contact name:

Contact phone number:

Relationship to you:

General conditions

The West Torrens Community Bus service is available for residents living in the West Torrens council area, with priority given to those who are transport disadvantaged, frail aged or living with disability. This service is provided as a short term support only and each resident will be reviewed annually to ensure fairness and equity to all eligible community members.

A key requirement for this service is:

- Passengers must be independently mobile and physically able to get on and off the bus safely.

Passenger responsibilities:

- Respect the rights of other passengers, staff and volunteers.
- To notify staff of any relevant changes to your health which may affect your ability to participate safely.
- To remain seated and wear seat belts at all times when travelling.
- Due to storage restrictions on the bus, shopping bags are strictly limited to two per person.
- To call only if you are **not** attending your regular run.

It is the responsibility of the bus passengers to take reasonable care of their own safety and belongings, and ensure they do not adversely affect the health and safety of anyone else. In the event of a medical emergency an ambulance may be called. Emergency contacts will also be notified.

Medical conditions

I have the following medical conditions that community bus staff need to be aware of:

Are you able to board and alight the bus independently? Yes ☐ No ☐

I am independently mobile with the assistance of:

walking stick ☐ walking frame ☐ wheelchair ☐

Consent

I have read and understood the City of West Torrens Community Bus general conditions above and agree to abide by them when using the service.

Name:

Signature:

Date: