# Application Form

Please complete this form after reading and understanding the Program Information and assessment criteria. The form only includes limited space for key applicant, location and services details. Please ensure you also submit attachments and further information on your service proposal to address the Assessment Criteria. An application checklist is on page 3 to assist.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **Applicant Contact Details** | | | | |
|  | Name of Applicant (Individual) | |  | | |
|  | Postal Address | |  | | |
|  | | |
|  | Phone/Mobile | |  | | |
|  | Email | |  | | |
| **2** | **Location Details** | | | | |
|  | Name of Community | |  | | |
|  | Name of Community Council | |  | | |
|  | Name of Key Council Contact/s | |  | | |
|  | Phone/Mobile | |  | | |
|  | Email | |  | | |
|  |  | |  | | |
|  | Does the Community have a School? | | Yes | No | |
|  | Name of School/s (if applicable) | |  | | |
|  | Name of Key School Contact/s | |  | | |
|  | Phone/Mobile | |  | | |
|  | Email | |  | | |
|  |  | |  | | |
|  | Does the Community have a Health Clinic? | | Yes | No | |
|  | Name of Health Clinic (if applicable) | |  | | |
|  | Name of Key Health Clinic Contact/s | |  | | |
|  | Phone/Mobile | |  | | |
|  | Email | |  | | |
| **3** | **Population Details** | | | | |
|  | Permanent Population (and source of data) | |  | | |
|  | Seasonal Peak Population (and source of data) | |  | | |
|  | Peak Time/s of Year (e.g. wet/dry season) | |  | | |
| **4** | **Service Type (what type of service does the community require assistance for?)** | | | | |
|  | Inter-town (long distance services between towns and communities) | | Yes | | No |
|  | Intra-town (short distances in and around a community/town) | | Yes | | No |
|  | Intra-town service type (if applicable) | | On demand | | Scheduled route |
| **5** | **Transport Service Provider Details** | | | | |
|  | Service Provider Name / Company | |  | | |
|  | Name of Key Contact/s | |  | | |
|  | Phone/Mobile | |  | | |
|  | Email | |  | | |
| **5** | **Service Demand (estimate of expected use)** | | | | |
|  | Proposed number of services per year (either to or from)  Detail or attach proposed service timetable if applicable. |  | | | |
|  | Estimated number of passengers per service |  | | | |
|  | Provide details of any special requirements (e.g. passenger/freight transport for Health Clinic or local boarding school) |  | | | |
|  | Will the service be able to transport people in mobility devices? If not, please explain how this has been considered and why these services cannot be provided |  | | | |
|  | Provide details of any other nearby communities/properties that will benefit from the proposed service |  | | | |
| **6** | **Current Access (fill out appropriate section for inter-town or intra-town proposal)** | | | | |
| **Inter-town** | | | | | |
| **Surface travel time (one way) to nearest town or service centre** | | | | | |
|  | Nearest town or service centre |  | | | |
|  | One way surface travel time and distance | Hours | | | Kilometres |
|  | How much of this travel time is on dirt roads? | Hours | | | Kilometres |
| **Surface travel time to the nearest Community or Property that has at least a weekly passenger transport service** | | | | | |
|  | Neighbouring Community or Property |  | | | |
|  | One way surface travel time and distance | Hours | | | Kilometres |
|  | How much of this travel time is on dirt roads? | Hours | | | Kilometres |
| **Details on inaccessibly due to seasonal climatic conditions (e.g. wet season)** | | | | | |
|  | Average number of days per year that the Community is inaccessible | | | | Days |
|  | Are these consecutive days? | YES | | | NO |
|  | If no, what is the longest number of consecutive days of inaccessibility? | | | | days |
|  | Provide any further details on how access is affected by seasonal weather conditions and the associated impact on the Community. |  | | | |
| **Existing transport services** | | | | | |
|  | Provide details of any existing passenger transport services (air or surface transport) that visit the community, including frequency and type of service offered. |  | | | |
| **Intra-town** | | | | | |
| **Surface travel time to key Community services** | | | | | |
|  | Describe current access and transport issues including distance to key Community services (e.g. how dispersed is the community? how far do people have to walk? Is there limited access to private vehicles?) |  | | | |
| **Existing transport services** | | | | | |
|  | Provide details of any existing passenger transport services that provide transport within the Community (e.g. minibus, taxi, other community transport) including frequency and type of service offered. |  | | | |
| **7** | **Other relevant factors / information** | | | | |
|  |  | | | | |

Application Checklist

Please use the following checklist to confirm you have completed all required parts of your application.

* Read and understood the Program Information document.
* Consulted the *Remote Community Transport Framework – Guiding Principles and Tools* for assistance in developing your transport initiative.
* Completed the Application Form (this document).
* Attached a service proposal that clearly addresses all Assessment Criteria:
  + Service provider details
  + Commercial viability potential
  + Service plan
  + Nominated fleet
  + Commencement plan
  + Stakeholder engagement and marketing plan
  + Compliance

For assistance or queries, contact the Department of Infrastructure, Planning and Logistics at [passenger.transport@nt.gov.au](mailto:passenger.transport@nt.gov.au) or call (08) 8924 7577.