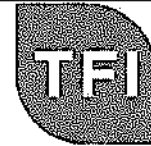




"Social Inclusion Transport Support- 2019"

Transport Support Request Form



TRANSPORT
FOR
IRELAND

1. Group/Organisation details

| | |
|-------------------------|--|
| Group/Organisation Name | |
| Postal Address | |

Group/Organisation contact person details

| | |
|--------------------------------|--|
| Contact Name | |
| Position in Group/Organisation | |
| Telephone Number | |
| Email Address | |

2. Is your group a member of Kerry Public Participation Network (Kerry PPN)?

| | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
|-----|--------------------------|

| | |
|----|--------------------------|
| No | <input type="checkbox"/> |
|----|--------------------------|

3. Statement of why transport support is needed: Activities planned must demonstrate a clear fit with social inclusion objectives.

| |
|--|
| |
|--|

4. Statement of likely impact of transport supports: Please describe the anticipated impact and benefit for your group/organisation.

| |
|--|
| |
|--|

5. Transport service details (please supply all information)

| | |
|---|------|
| Day and Date of Trip | |
| Outline of Trip | |
| Start Time and Location of Bus | |
| Depart Time for Return Journey | |
| Total Number of Passengers | |
| Additional Pick Up Point | Time |
| | |
| | |
| | |
| Itinerary for Day if Applicable (day trips with stops) | Time |
| | |

6. Vehicle details

Do you require any of the following?

| | | | |
|-------------------------------|--|-------------------------------|--|
| Wheelchair Accessible Vehicle | | No. of Wheelchair Passengers* | |
| Boot Storage for Bags / Cases | | | |
| Other Special Requirements | | | |

*we may need further details regarding the type and size of the Wheelchairs

7. Unmet transport needs

Please identify or let us know if there is need for a community / public transport services in your area.

8. Invoice details

Local Link Kerry will issue an invoice to the group/organisation for the transport service provided after the service has taken place.

Please provide the following details to assist us in issuing invoice (if details are the same as Section 1, please leave boxes below blank)

| | |
|--|--|
| Contact Name | |
| Position in Group/Organisation | |
| Group/Organisation Name | |
| Postal Address | |
| Telephone Number | |
| Email Address | |
| Purchase Order Number (if applicable) | |

9. Confirmation

I _____ (block capitals) on behalf of
above named group/organisation CONFIRM that I
(please tick boxes below)

- Have read and agree with the Eligibility & Specific Conditions of Offer
- Accept that Local Link Kerry will securely retain completed applications for audit purposes
- Accept the contact details (name, contact no) of the applicant, will be shared with the Operator and Driver relating to this trip only and LLK will not share with any other company or organisation other than for audit purposes
- Will complete a feedback questionnaire after the service, if requested
- Will acknowledge Local Link Kerry in all promotion relating to this trip

| | | | |
|---------------|--|-----------------|--|
| Submitted by: | | Contact number: | |
| Signed: | | Date: | |

The application form is to be submitted by either Fax (066) 7147038, E Mail info@locallinkkerry.ie with subject - **Once Off Transport Request** or by post to Local Link Kerry, Sliabh Luachra Cultural Centre, Scartaglin, Co. Kerry 10 days in advance of proposed services operating. Failure to do so could result in the Local Link Kerry not being able to contract in an operator.