

Maldon Neighbourhood Centre

Better Community Buses community transport snapshot survey

[This template has been developed for you to copy and paste into your own Microsoft Word template as required. While all parts of this template can be modified to suit your needs, items in red have been highlighted to show where you might delete or amend text.]

Agency:

Organisation's purpose:

Date:

Name:

Position/role:

What type of transport do you provide? (Please circle all that apply)

- Vehicle with volunteer drivers
- Vehicle with paid drivers
- Vehicle hire (self-drive)
- Other (please detail)

How many paid staff are involved in providing community transport in your organisation?

How many volunteers are involved in providing community transport in your organisation?

How many hours does your organisation contribute to providing community transport per month? (Enter number of hours for each as applicable)

- Paid staff (managers, supervisors, administrators)
- Volunteer staff (managers, supervisors, administrators)
- Paid drivers
- Volunteer drivers

Please complete the matrix for each vehicle that your agency operates

Vehicle type	No. of similar vehicles	No. of passenger seats	Owned/ leased by service	Low floor	Seat belts	Hydraulic lift for wheel-chair/ mobility scooter	Wheel-chair access (other than lift)	Space for shopping/ luggage	Other details
(e.g. bus, car, taxi)	(e.g. 1, 2, 3)	(e.g. 3, 12)	(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y/N)	

Who do you provide community transport for? Please indicate the priority level of each group

Who transport is for	Low	Medium	High
Aged			
Disabled			
Youth (12–18 years)			
Children (0–12 years)			
Any resident with a transport need			
Township/postcode area			
Healthcare card holder			
Unemployed			
Students – school			
Students – other			
Not for profit group			
Other (please specify)			

Are there eligibility requirements? Please provide details.

How many people use your community transport service? (Average per month)

How many vehicle trips are operated per month? (Best estimate)

For all trips in a month, what is the proportion of seats filled?

Seats filled	Almost none	Not many (about a quarter)	About half	Most (about three-quarters)	Completely full	Total
Percentage of trips	(e.g. 5%)	(e.g. 5%)	(e.g. 20%)	(e.g. 45%)	(e.g. 25%)	100%

What is the purpose of these trips? (Please circle all that apply)

- Connect with public transport services
- Supplement inadequate public transport
- Shopping/banking
- Medical, rehabilitation or hospital
- Education
- Social/cultural/library
- Employment
- For other council services
- Other local programs or services
- Other (please list)

How is the community transport funded? (Please circle all that apply)

- Commonwealth Home Support Program
- NDIS
- Program funds
- Fares
- Donations
- Hire fees
- Grants (where from?)
- Fundraising
- Other (please specify)

Do your users experience difficulty with the accessibility of your vehicle? (Y/N)

If yes, what difficulty do they experience?

What are your comments about the adequacy of community transport across the [insert name of area]?

What gaps do you think exist? (This might be hours of operation, groups serviced etc.)

Is demand for the services you provide changing? (Y/N)

If yes, in what way?

Would you be interested in collaborating with other transport providers? (Y/N)

Would you be willing to share a similar survey with your service users so we can secure direct client feedback?
(Y/N)

Thank you for your time, the information gathered by this survey will be used to create a 'snapshot' of community transport provision in [Name] Shire and to inform the [Project Name] working group.

For more information, please contact [name], [position] at [organisation] on [phone number] or [email].

[Delete this section when transferring to your Microsoft Word template]

This template has been provided with the support and permission of Maldon Neighbourhood Centre.