

GoGET VOUCHER APPLICATION FORM FOR RESIDENTIAL



Note: In order for you to be eligible for the GoGet / Council voucher:

- You must be over 21 year old
- **Evidence could include:** a rental agreement / phone / electricity bill which indicate your residential address

You can either send the evidence in or have Council's staff sight the evidence when you submit your application.
If you have any questions about the scheme please contact Nancy Hermoso on 9806 5634 or email:
nhermoso@parracity.nsw.gov.au

Office Use Only

Evidence provided

Voucher No _____

Date Issued _____

1. Demographic Questions (and contact details)

TITLE: Mr/Mrs/Ms/Miss

FIRST NAME: _____ SURNAME: _____

ADDRESS: _____

DATE OF BIRTH: ___/___/___
 D D M M Y Y Y Y

Q. What is your household type?

- | | |
|---|--|
| <input type="checkbox"/> Single | <input type="checkbox"/> Couple With Children |
| <input type="checkbox"/> Adult Living with Parents | <input type="checkbox"/> Single Parent with Children |
| <input type="checkbox"/> Share House (Living with Friends /Housemates) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Couple without Children | <input type="checkbox"/> Prefer Not To Answer |
| Are you: <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to Answer |

FUTHER CONTACT DETAILS & BACKGROUND

WORK: _____ HOME: _____ MOBILE: _____

EMAIL: _____ Preferred Contact Method: Mail Email

2. Transportation Questions

Q. Do you own a car? Yes No

How often on average would you use the GoGet car? (Please select one answer only)

- | | |
|--|--|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> Several times a week | <input type="checkbox"/> Once every 6 months |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Never |
| <input type="checkbox"/> A couple of times a month | |

What is the main reason you would use the GoGet car? (Please select one answer only)

- Recreation Journey to work
 Short trips eg shopping Other (Please list) _____

Which would you say is your main form of transport? (Please select one answer only)

- Boat Bus Bicycle Car as driver Car as passenger
 Ferry Jog Motorcycle Mo-ped Walk
 Taxi Train Tour Bus Skateboard/Roller Blade/Scooter

How many people in your household of driving age (17+)? _____

How many cars in your household? _____

Do you personally own or have primary access to a car? _____

How many off-street parking spaces does your household have? _____

What is the availability of on street parking in your street?

- Always available no restrictions Mostly not available no restrictions
 Always available, with restrictions Mostly not available, with restrictions
 Sometimes available no restrictions Never available no restrictions
 Sometimes available, with restrictions Never available, with restrictions

What is your reason for joining this scheme?

- Use of a free car Use it to transport colleagues to a meeting
 Don't have a car Use it to do weekly shopping
 Use it to visit friends / family Other, please elaborate
 Use it to visit clients

How long do you anticipate you would need the car each time you use it?

- 0-2 hours 2-4 hours 4-8 hours more than 8 hours

How often do you anticipate you will use the car share scheme?

- Daily 3 times a week Fortnightly 3 monthly
 Weekly 5 times a week Monthly

3. Awareness Questions - General Mediums

Q. How did first hear about the GoGet scheme?

- | | | |
|--|--|--|
| <input type="checkbox"/> Banner | <input type="checkbox"/> Leaflet picked up | <input type="checkbox"/> Word Of Mouth |
| <input type="checkbox"/> Bus Shelter | <input type="checkbox"/> Pamphlet | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cinema | <input type="checkbox"/> Poster | <input type="checkbox"/> Don't remember seeing any advertising |
| <input type="checkbox"/> Council website | <input type="checkbox"/> Radio | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> What's On Brochure | |
| <input type="checkbox"/> Direct Email | <input type="checkbox"/> Newspaper (please specify)
_____ | |

4. Additional Research

Would you be interested in participating in future research to help Parramatta City Council?

This could include surveys and focus groups? Yes No

(Please note that all personal information will be maintained in accordance to Parramatta City Council's Privacy Management Policy and would not be disclosed under any circumstance to a third party)

5. Disclaimer

Parramatta City Council (*the Council*) will collect and use the personal information obtained through the completion of this questionnaire only for the purpose of research. The Council will in collecting and holding any personal information provided by you, comply with the requirements of the Privacy and Personal Information Protection Act 1998, and in particular with the Information Protection Principles contained in Part 2 thereof.

Mail to:

Nancy Hermoso
Parramatta City Council
PO Box 32
Parramatta NSW 2124

Please cut along the dotted line ✂ _ _ _

Date Issued ___ / ___ / ___ Voucher Number _____ Voucher Expires on ___ / ___ / ___
DD / MM / YYYY (GoGet Promotional Code) DD / MM / YYYY



**PARRAMATTA
CITY COUNCIL**