

Nomination form

Queensland Rail Customer Reference Group

Name: _____

Your Queensland Rail City network station: _____ Destination station: _____

Address: _____ Postcode: _____

Phone: Home: _____ Work: _____ Mobile: _____

Email: _____

What line/s do you travel on?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Ferry Grove | <input type="checkbox"/> Rosewood |
| <input type="checkbox"/> Ipswich | <input type="checkbox"/> Beenleigh |
| <input type="checkbox"/> Gold Coast | <input type="checkbox"/> Caboolture |
| <input type="checkbox"/> North Coast | <input type="checkbox"/> Doomben |
| <input type="checkbox"/> Cleveland | <input type="checkbox"/> Shorncliffe |
| <input type="checkbox"/> Kippa-Ring/MBRL | |

What type of traveller are you?

- | | |
|---|---|
| <input type="checkbox"/> Commuter | <input type="checkbox"/> Student |
| <input type="checkbox"/> Concession | <input type="checkbox"/> Customer with a disability |
| <input type="checkbox"/> Special events | <input type="checkbox"/> Other |

How often do you travel by train?

(Please tick one box only)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Fortnightly | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Irregularly | <input type="checkbox"/> Only long distance |
| <input type="checkbox"/> Other | |

Declaration

Please indicate by signing below that, if selected, you agree to participate in accordance with the CRG Terms of Reference. The CRG Terms of Reference can be downloaded from the Queensland Rail website queenslandrail.com.au under 'Customer Reference Group' or contact Queensland Rail on 13 16 17 for a copy.

Signature: _____ Date: ____/____/____

Please submit your nomination form online or:

Fax: (07) 3072 2418

Mail to:

Queensland Rail
GPO Box 1429
Brisbane QLD 4001

Thank you for your nomination