rway | Our Way , Everyday

COMMUNITY PARTNERSHIPS

YOU CARE FOR OTHERS. WE CARE ABOUT YOUR JOURNEY.

A member pathway for verified essential workers.

A mutual partnership. A better journey. A reason to grow together.



SHARED VISIBILITY

Promote each other

PRACTICAL BENEFITS

Tailored to your community

2% GIVE-BACK

On agreed eligible rides

OUR PURPOSE

EVERYDAY CARE.
EVERYDAY CONNECTION.

You support the community through long days, early starts and shifts that can end after public transport becomes less convenient. Your journey deserves the same consideration you give others.

Rway Care is a proposed travel pathway for verified eligible workers, including health, aged care, disability support, emergency services, education and approved community organisations. It connects practical travel benefits with community participation.

WHO THIS PARTNERSHIP SERVES

Verified eligible essential workers

Member access | Planned pickups | Community referrals



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HOW IT WORKS

EVERY JOURNEY CAN CREATE VALUE.



1 REGISTER YOUR INTEREST

Provide your contact details and nominate your eligible employer or approved organisation.

2 VERIFY YOUR ELIGIBILITY

Use an approved employer email or verification process. Do not provide patient records or unnecessary identity documents.

3 BOOK ELIGIBLE CARE RIDES

Access agreed Rway Care pricing and no-surge conditions when the service is activated in your area.

4 SHARE & SUPPORT

Invite eligible colleagues and nominate an approved organisation for any eligible-ride community allocation.

THE PROPOSED RWAY MODEL

85% driver | 10% Rway | 3% rider rewards | 2% partner / community

The 2% is one allocation, not an extra payment for every linked partner. Attribution, eligible fare basis, beneficiary, exclusions, reporting and payment timing must be agreed before activation. Registration alone creates no payment entitlement.

YOU + RWAY

PROMOTE EACH OTHER. GROW TOGETHER.

WHAT RWAY BRINGS

01 An eligibility review and onboarding pathway for the proposed Rway Care program.

02 Clear Care booking conditions, agreed no-surge access and practical pickup information.

03 Relevant partner offers and member communications where you choose to receive them.

WHAT YOU BRING

01 Keep your eligibility details current and use the program in line with the agreed booking terms.

02 Share your Rway referral information with eligible colleagues if you wish; participation is voluntary.

03 Give feedback and introduce an employer or community partner where you have permission to do so.

All promotions, offers and use of names or logos require prior approval. Campaign timing and channels are agreed together; no minimum referrals, sales or reach are promised.



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ADDITIONAL BENEFITS

MORE VALUE FOR YOUR COMMUNITY.



1 MORE PREDICTABLE TRAVEL

Understand the fare and booking terms before confirming an eligible Care journey.

2 PLANNING AROUND YOUR SHIFT

Pre-arrange travel where offered and confirm your pickup location and timing.

3 A COMMUNITY CONNECTION

Your eligible travel can support an approved nominated organisation under the final program rules.

4 OPTIONAL PARTNER BENEFITS

Discover relevant participating businesses and their clearly stated member offers.

SERVICE DETAILS TO CONFIRM

This is an expression of interest, not a paid membership purchase or a guaranteed service allocation. Eligibility, service area, no-surge conditions and offers are confirmed before activation. No personal commission or cash entitlement is created by this form.

LETTER OF INTENT

MEMBER REGISTRATION

Complete this expression of interest so Rway can discuss the partnership, confirm eligibility and prepare the agreed onboarding and QR pathway.

FULL NAME

EMPLOYER / APPROVED ORGANISATION

OCCUPATION / ROLE

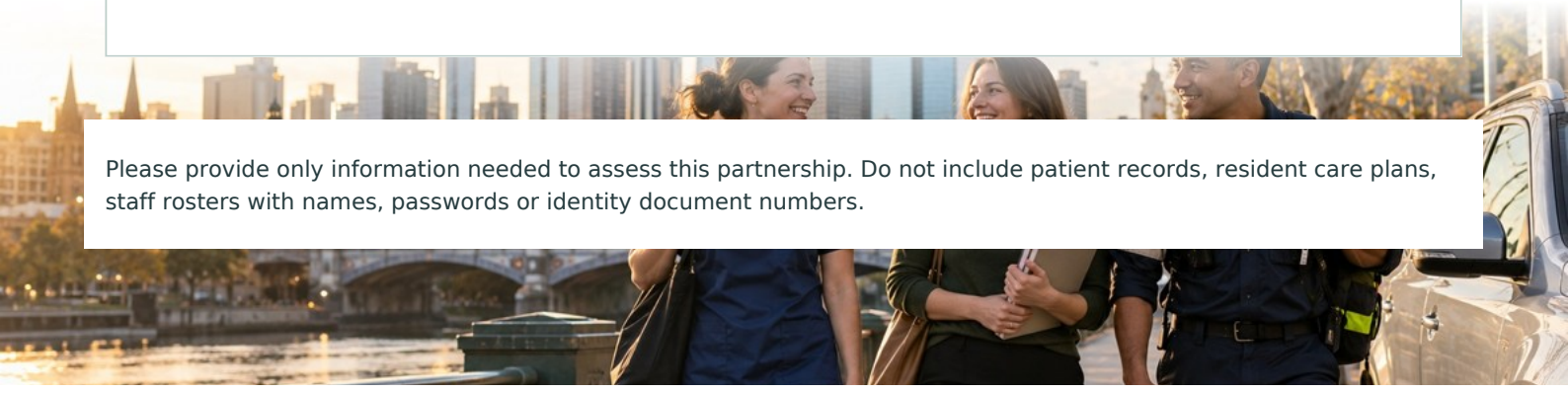
PREFERRED SUBURB / POSTCODE

EMAIL

PHONE

EMPLOYER EMAIL / VERIFICATION CONTACT

PREFERRED TRAVEL DAYS / SHIFT TIMES



Please provide only information needed to assess this partnership. Do not include patient records, resident care plans, staff rosters with names, passwords or identity document numbers.

ACTIVATION DETAILS

YOUR CARE PREFERENCES

Nominate your preferences below. An approved organisation supplies its own payment details if a community allocation is agreed; members do not receive a personal cash payout.

NOMINATED APPROVED ORGANISATION (OPTIONAL)

ORGANISATION CONTACT (WITH PERMISSION)

MAIN TRAVEL AREA / PICKUP SUBURB

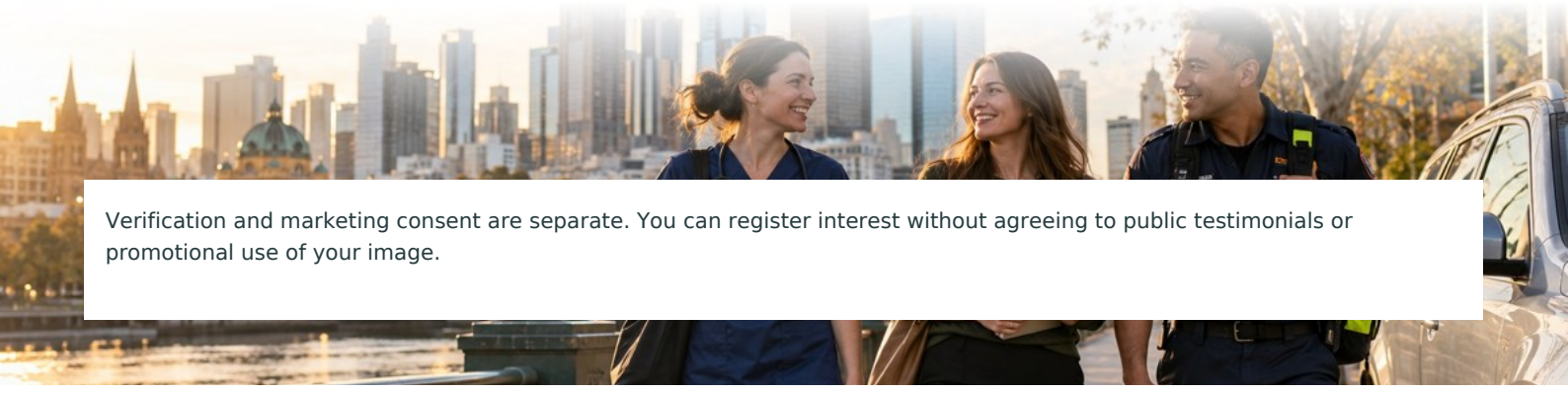
TYPICAL TRAVEL TIMES / BOOKING NEEDS

PARTNER OFFERS OF INTEREST (OPTIONAL)

EMPLOYER INTRODUCTION CONTACT (OPTIONAL)

TO AGREE BEFORE ACTIVATION

Occupation / employer / preferred travel windows. Confirm service area, timing, approved communications and program conditions with Rway.



Verification and marketing consent are separate. You can register interest without agreeing to public testimonials or promotional use of your image.

AGREEMENT & SIGNATURES

LETTER OF INTENT

I express interest in joining Rway Care and, where I choose, introducing eligible colleagues or an approved organisation. I understand eligibility and benefits require confirmation before activation.

This LOI is non-binding. It does not require purchases, exclusivity, minimum referrals or payments. Service availability, offers, no-surge terms and any give-back are subject to a separate written schedule accepted by both parties. Either party may stop discussions at any time.

Registration information is provided for partnership assessment and follow-up. No authority is given to publish names, logos, testimonials or personal information. Any joint campaign needs separate approval; personal data must be handled under the agreed privacy arrangements.

MEMBER FULL NAME

OCCUPATION / EMPLOYER

SIGNATURE (SIGN BY HAND OR IN YOUR PDF APP)

DATE

RWAY REPRESENTATIVE / ACKNOWLEDGEMENT (OPTIONAL)

NEXT STEP Return the completed LOI to your Rway contact to confirm the proposed schedule and onboarding arrangements. No payment is required with this form.

