

ASSISTED SCHOOL TRAVEL PROGRAM FOR STUDENTS WITH DISABILITY

APPLICATION FOR ASSISTED SCHOOL TRAVEL

The Assisted School Travel Program (ASTP) is a NSW State Government service administered by the Assisted School Travel Unit of the NSW Department of Education and Communities. The aim of the ASTP is to support eligible students who may not otherwise be able to access education without the provision of assistance to travel to school.

The Department of Education and Communities guidelines for the provision of assisted school travel allow for travel assistance to be provided for school students with an identified disability (as defined by the Department's Disability Criteria May 2003) who are enrolled in a government or registered non-government school in New South Wales and who meet the Programs [approved eligibility criteria](#).

It is important to note that assisted school travel is not automatically available to all students with disability. To access assisted school travel support services, parents¹ are required to clearly demonstrate that they are unable to provide or arrange transport for the student either fully or in part. Parents have the responsibility under the *Education Act 1990* to ensure that the student is enrolled and attends a government school, or registered non-government school.

Applications are considered on the basis of the transport needs of individual students and are assessed in accordance with approved eligibility criteria as detailed in the [ASTP guidelines](#). The provision of continuing assistance under the program is dependent on students continuing to meet the eligibility criteria following regular reviews of a student's needs and circumstances.

A new *Application for Assisted School Travel* must be completed and forwarded with all the required supporting documentation to the ASTP when a student:

- enrolls in kindergarten; or
- progresses from Year 6 to Year 7 (or age equivalent); or
- changes schools; or
- at any other time:
 - when a student is seeking access to assisted school travel for the first time; or
 - following a break in service provision (other than temporary withdrawal of services).

This application is in **TWO** parts:

1. **Part A: to be completed by the student's parent/s** and then returned to the school principal. Please note if the student has two parents, each parent is required to provide information to demonstrate his or her inability to provide or arrange transport either fully or in part by completing the forms on pages 3 and 4 of this application.
2. **Part B: to be completed by the principal of the school where the student is enrolled** and forwarded with Part A to the Assisted School Travel Program for assessment.

For additional information or advice please contact Assisted School Travel Program:

E-mail: generalenquiries.astp@det.nsw.edu.au

Telephone Number: 1300 338 278

¹ References in this document to "parent" includes a guardian, carer or other person having the parental responsibility or care of the student.

PART A: TO BE COMPLETED BY THE STUDENT'S PARENT/S

Name of School: _____

Parents have the primary responsibility for the transport of their children to and from school and are required to notify the school principal and the Assisted School Travel Program of any circumstances or change in circumstances likely to affect the student's entitlement to or ongoing need for special transport assistance. Where information is found to be false or misleading, any decisions made on the basis of that information may result in the reversal of such decisions. The roles and responsibilities of parents are detailed in the [Assisted School Travel Program Guidelines](#), located on the Departments internet site and available in hard copy on request from the Assisted School Travel Program.

STUDENT DETAILS				
First Name	Other Name/s		Last Name	
Date of Birth		Male or Female		
Full Residential Address				
Transport Address (If different to residential address)	AM:			
	PM:			
Estimated Travel Distance between Home and School	kms	Does this student travel independently outside of school hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
TRANSPORT is requested for:				
Start Date:		Finish Date:		
<small>No later than last day of the school year</small>				
Monday	Tuesday	Wednesday	Thursday	Friday
: am	: am	: am	: am	: am
Supervised by:				
: pm	: pm	: pm	: pm	: pm
Supervised by:				
Are there other school aged children in your care enrolled at a Government or Non-Government School? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please provide the following details:				
Other Student Name/s	Age	School	School Times	How do these students travel to school?

YOUR PRIVACY PROTECTED

The NSW Department of Education and Communities is subject to the Privacy and Personal Information Protection Act 1998 (NSW) and the Health Records and Information Privacy Act 2002. Provisions of the Department's Privacy Code of Practice also apply to the collection of information from parents and caregivers. The information you provide is voluntary. If you do not provide all or any of this information then the provision of assisted school travel may not be approved or may be delayed. Information from approved applications will be communicated to operators contracted to the Department to provide transport services. Other persons and/or agencies that may be provided with this information are school staff, the transport driver and Assisted School Travel Officer, Roads and Maritime Services (RMS), the Department of Transport, the Department of Family and Community Services and other government agencies.

- The information received will only be used or disclosed for the following purposes:
- General student administration relating to the education and welfare of the student
 - To determine the student's eligibility to access assisted school travel
 - Communication with students and parents or carers
 - To ensure the health, safety and welfare of students, staff and other occupants of a vehicle
 - For any other purpose required by law

The information will be stored securely. You may access or correct any personal information by contacting the Assisted School Travel Program. If you have a concern or complaint about the way your personal information has been collected, used, or disclosed, you should contact the Assisted School Travel Program e-mailing generalenquiries.astp@det.nsw.edu.au

The health-related information collected is subject to the Health Records and Information Privacy Act 2002. It is being collected for the primary purpose of ensuring the health and safety of all students, staff and occupants of the vehicle. It may be used and disclosed to medical practitioners, health workers, other government agencies and/or schools for this primary purpose, or for other, related purposes.

PARENT/S INFORMATION – to be completed by both parents (as applicable)

	PARENT 1	PARENT 2
Title	Mr / Mrs / Ms	Mr / Mrs / Ms
First Name		
Last Name		
Relationship to Student		
Residential Address (If different to student's address)		
	State:	State:
	Postcode:	Postcode:
Home Telephone Number		
Mobile Number		
Email Address		
Home Telephone Number		
If you are unable to provide transport for the student either fully or in part, please provide your reasons here. Additional information can be attached to the application if there is insufficient space provided.		
Emergency Contact Details:		
Name of Person		
Home Phone Number		
Mobile Number		
IMPORTANT: Please respond to the following questions if the reason/s you are unable to provide or arrange transport for the student includes: (1) work and/or (2) medical reasons and/or (3) study commitments		
(1) Do you work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please provide the following details AND please note that the Department may contact your employer if additional information of your employment is required in order to determine the student's eligibility to access assisted school travel		
Name of your Employer		
Address		
	State:	State:
	Postcode:	Postcode:
Telephone Number		
Details of employment:	Work Days: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>	Work Days: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
	Times:	Times:

	PARENT 1	PARENT 2
(2) Do you have a medical condition or carer responsibilities that would prevent you supporting the student's travel to and/or from school?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please arrange for your medical practitioner to complete the Department's Medical Certificate and attach it to this application AND please note that the Department may contact your medical practitioner if additional clarification of your medical condition is required in order to determine the student's eligibility to access assisted school travel. Please note that will be unable to complete the processing of this application unless the medical certificate is attached.		
(3) Do you attend a TAFE or University and would this attendance prevent you from providing or arranging transport for the Student to travel to and/or from school?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please provide the following details AND please note a copy of your timetable must be attached to this application BEFORE the application for assisted school travel can be assessed.		
Name and address of Education Facility	Name:	
	Address:	
	State: Postcode:	State: Postcode:
	Telephone No:	Telephone No:
	Details of attendance	Days: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Times:

DECLARATION BY PARENT/S

Acknowledgement and Declaration of Accuracy (all boxes must be ticked):

- I acknowledge that access to assisted school travel will only be considered if my child (student) meets the eligibility criteria (as explained to me by the school principal) and if I am able to demonstrate to the satisfaction of the Department of Education and Communities that I am unable to provide or arrange transport for the student either fully or in part.
- I acknowledge that the Department of Education and Communities may disclose the information provided within this application in accordance with the details shown on page 2 of this application form.
- I acknowledge that the Department of Education and Communities may seek access to relevant information about this student and/or my personal circumstances from schools, health care professionals, my employer or education provider, other government agencies or relevant persons in order to assess the student's eligibility to access assisted school travel. I understand that should I refuse to allow this information to be obtained this application for assisted school travel cannot be processed.
- I understand that an assessment of the student's travel support needs will be undertaken as part of the application process and that access to assisted school travel cannot be guaranteed by the submission of this application.
- I declare that should the student be approved to access assisted school travel I will advise the school principal and the Assisted School Travel Program immediately of any changes to my circumstances that may affect the student's ongoing eligibility to access transport assistance.
- I declare that the information provided in this application for assisted school travel is, to the best of my knowledge and belief, accurate and complete. I recognise that should statements in this application later prove to be false or misleading, any decision made as a result of this application may be reversed.

Signature of PARENT 1 _____ Signature of PARENT 2 _____

Date: _____ Date: _____

Checklist for Parent/s

Please ensure that all the required documents (as applicable) are attached to the application:

- Medical Certificate/s (if Yes at Question 2 above) TAFE or University Timetable/s (if Yes at Question 3 above)

PART B: TO BE COMPLETED BY THE SCHOOL PRINCIPAL

School Responsibilities

The school principal or delegate is responsible for ensuring that the options of students accessing transport assistance under the Transport NSW School Student Transport Scheme (SSTS) and/or the student's ability to travel independently are assessed before consideration is given to submitting an application for the student to access transport assistance under the Assisted School Travel Program.

The school principal and school staff have key ongoing roles in the overall management of the Assisted School Travel Program. Schools have a responsibility to ensure that new applications for transport are based on student need and meet the Program's eligibility criteria. Similarly, any advice from schools regarding the need for existing students to continue to access transport services needs to be based on a current assessment of the student's needs and the family's circumstances.

Before a student can access or continue to access the program parents must be able to clearly demonstrate that they are unable to provide or arrange transport for the student. It is important that the program's resources continue to be targeted towards ensuring that students who may not otherwise be able to access educational opportunities are able to do so through the provision of assisted school travel.

In accordance with the Department's [Code of Conduct](#) staff have a responsibility to advise the Assisted School Travel Program immediately if the information provided by the parent/s in Part A of this application is to the best of their knowledge false or misleading. School staff also have the responsibility to advise the Assisted School Travel Program where the circumstances of parent/s have changed and where those changes impact on the student's ongoing entitlement to access assisted school travel. Similar provisions in respect of staff conduct also apply to staff in Non-Government schools.

What documentation is required before an application can be assessed?

The following documentation (as applicable) is required to be attached to Parts A and B of this *Application for Assisted School Travel* and submitted with the application to enable assessment by the Assisted School Travel Program.

Important: Applications cannot be assessed to determine a student's eligibility to access the program until all the required documentation is provided.

Student Information – Documentation Required:

- Formal Advice of Student Placement* form (for students enrolled in Government schools only)
- Current Disability Confirmation Sheet*
- For students with behaviour disorders and for those students who present with challenging behaviours that may pose a risk to themselves or other occupants in the vehicle – a copy of the Department's *Student Behaviour Support Plan* that includes strategies applicable to managing the student's behaviour in the transport environment
- For students with health care needs – a copy of the *Individual Health Care Plan*. The plans must include details of the support for the student in the transport environment and include an emergency response plan where the student is diagnosed at risk of an emergency
- For students travelling in excess of 40 kms - a risk assessment and appropriate behaviour/health care support plans applicable to managing the student's needs in the transport environment
- For students travelling in excess of 90 minutes - a risk assessment and appropriate behaviour/health care support plans applicable to managing the student's needs in the transport environment
- Certificate of Exemption from Attendance at School* signed by the appropriate delegated officer for students who are not attending school on a full-time basis (for students enrolled in Government schools only)
- A Transition Plan for students who are transitioning to and/or from a supported educational setting (maximum two terms).

SCHOOL DETAILS

NAME OF SCHOOL			
ADDRESS			
CONTACT DETAILS	Telephone Number:	E-mail Address:	Fax Number:
SCHOOL TIMES	Start Time: (If not the same time each day, please provide the times for each day of the week.) _____	Finish Time: (If not the same time each day, please provide the times for each day of the week.) _____	
DETAILS OF CONTACT PERSON	Name:	Position:	

STUDENT DETAILS

NAME OF STUDENT	First Name:	Other Name/s:	Last Name:		
DISABILITY (please tick box or boxes as applicable)					
<input type="checkbox"/> physical	<input type="checkbox"/> mild intellectual	<input type="checkbox"/> mod. Intellectual	<input type="checkbox"/> severe intellectual	<input type="checkbox"/> vision	
<input type="checkbox"/> hearing	<input type="checkbox"/> language	<input type="checkbox"/> autism	<input type="checkbox"/> behaviour	<input type="checkbox"/> mental health	
Type of class: (please tick box as applicable)					
<input type="checkbox"/> Regular	<input type="checkbox"/> Support IM	<input type="checkbox"/> Support IO/IS	<input type="checkbox"/> Support Autism	<input type="checkbox"/> Support ED/BD	<input type="checkbox"/> Support MC
<input type="checkbox"/> Support Language	<input type="checkbox"/> Support Reading	<input type="checkbox"/> Support Vision	<input type="checkbox"/> Support Hearing	<input type="checkbox"/> Support Physical	
Enrolment level – Grade: (please specify)					

TRAVEL SUPPORT NEEDS (please refer to the [Assessment of Travel Support Needs](#))

An assessment of the individual travel support needs of this student must be undertaken in accordance with the [Assessment of Travel Support Needs- Guide for Schools](#) document. Please indicate results of the assessment below.

<input type="checkbox"/>	<p>LEVEL 1 Capable of Independent Travel</p>	<p>Students have the ability to acquire and maintain skills necessary to travel to and/or from school independently. Assisted school travel may be required pending participation in an appropriate travel training program.</p> <p>For further information related to the Assisted School Travel Program Travel Training Program, contact the State Consultant Assisted School Travel, Assisted School Travel Program by e-mailing generalenquiries.astp@det.nsw.edu.au</p>
<input type="checkbox"/>	<p>LEVEL 2 Travel in a vehicle without an Assisted School Travel Officer</p>	<p>Students do not yet demonstrate the pre requisite skills for independent travel. These students require vehicular support to travel. The student may require assisted travel to and from school, without the direct support of an Assisted School Travel Officer.</p>
<input type="checkbox"/>	<p>LEVEL 3 Travel with the assistance of an Assisted School Travel Officer</p> <p><input type="checkbox"/> The Assisted School Travel Officer is required to administer medication, health care procedures and emergency response in transit as per the <i>Individual Health Care Plan</i>.</p> <p><input type="checkbox"/> The Assisted School Travel Officer is required to implement a Student Behaviour Support Plan</p> <p><input type="checkbox"/> The Assisted School Travel Officer is required to travel with the student on the Transport NSW SSTS, public transport or on a walking route to and/or from school.</p>	<p>These students have a risk assessment which indicates the need for the additional support during travel. Supervision by a Travel Support Officer is required for either medical or behaviour/safety concerns. A <i>Student Behaviour Support Plan</i> and/or <i>Individual Health Care Plan</i> must be provided for these students.</p> <p>Engagement of an Assisted Travel School Officer for _____ weeks (maximum 40 weeks)</p> <p>Review Date: _____</p> <p>Important: Principals or delegate are responsible for coordinating the provision of any necessary information for drivers and/or Assisted School Travel Officer's in regard to assisting students while in transit. Where appropriate, schools provide drivers and/or Assisted School Travel Officer's with copies of health care or behaviour support plans to address the needs of the student in transit. Under no circumstances are Assisted School Travel Officer's to administer medication to students without the authorisation of the ASTP after consultation with the school, family and relevant health care professionals. Agreed procedures are to be included in the student's health care/emergency response plan.</p> <p>Complete and <i>forward Student Behaviour Support Plan</i> relevant to transport in a vehicle.</p>

WORK HEALTH AND SAFETY

Work Health and Safety considerations and other measures required to safeguard the wellbeing of students in the transport environment must also be taken into account in the assessment of individual student's travel support needs. Please indicate hereunder (and attach additional information as necessary) requirements specific to this student:

Please note: The provision of and any costs associated with the purchase of non-standard equipment is the responsibility of the student's parent/s.

<input type="checkbox"/>	Risk Assessment indicates health care needs requiring support and supervision in transit. Provide details in space provided and attach relevant plans.	Details:
<input type="checkbox"/>	Risk Assessment indicates student behaviour that poses a safety risk to themselves or others in transit that cannot be managed by use of belt buckle cover. Provide details in space provided and attach relevant plans.	Details:
<input type="checkbox"/>	Student resides more than 40 kms from the school AND/OR Travel time will exceed 90 minutes Note: Consideration must be given to the potential impact of the time and distance to be travelled on the student's health, safety, wellbeing and ability to learn and whether there is any other reasonable adjustment that could be made at a school nearer to the student's home that would be less disruptive and no less beneficial for the student.	<input type="checkbox"/> Issues regarding the impact of the time and distance to be travelled on the student's health, safety, wellbeing and ability to learn have been considered. The provision of assistance for the student to travel to this school setting is recommended as the most appropriate alternative form of support: Supporting documents are attached (where appropriate) to assist with the management of the student during extended travel times/distances: <input type="checkbox"/> Risk Assessment and/or <input type="checkbox"/> Other Support Plans.
<input type="checkbox"/>	The student must travel to and from school in a wheelchair	The wheelchair is: <input type="checkbox"/> POWER DRIVE <input type="checkbox"/> MANUAL <input type="checkbox"/> FOLDING <input type="checkbox"/> Manufacturer and Model: _____ _____
<input type="checkbox"/>	Belt Buckle Cover is required to ensure the student remains seated during transit	A doctor's letter supporting this requirement must be carried in the vehicle.
<input type="checkbox"/>	Prescribed Harness is required to ensure the student remains seated and is supported during transit	A doctor's letter supporting this requirement must be carried in the vehicle. A reinforced anchor point is required if the student weighs in excess of 32kg. This must be fitted by an authorised child restraint fitting station and the fitter's receipt carried in the vehicle at all times.
<input type="checkbox"/>	Special Purpose Car Seat is required	If a special purpose car seat has an overall mass (including occupant) of more than 27kg, it must be installed by an authorised child restraint fitting station and the fitter's receipt carried in the vehicle at all times.
<input type="checkbox"/>	Other (Please provide details)	Details:

STUDENTS ATTENDING SCHOOL ON A PART-TIME BASIS

If a student is not attending school on a full-time basis, a [Certificate of Exemption from Attendance at School](#) signed by the appropriate delegated officer must be attached to this application.

For students transitioning between educational settings please attach the transition plan (two school terms maximum).

RECOMMENDATION BY THE PRINCIPAL

- I recommend the provision of assisted school travel for this student. **OR**
- I **DO NOT** recommend the provision of assisted school travel for this student for the following reason:

CERTIFICATION BY THE PRINCIPAL

I certify that (all boxes must be ticked or the application will be returned for completion):

- the information provided by each parent in Part A is to the best of my knowledge and belief accurate, complete and not misleading; and
- all relevant supporting documents have been completed and are attached; and
- the information in Part B is based on an assessment of the student's needs and on interviews with parents and, if appropriate, the exiting school/setting; and
- the student does not have the ability to travel independently or access the Transport NSW School Student Transport Scheme (SSTS) unassisted; and
- I understand that should the student require the support of a Travel Support Officer, the student cannot access assisted school travel until the Travel Support Officer has been engaged and has been offered advice regarding implementation of the behaviour support and/or health care plan to address the identified needs of the student during transit. I undertake to explain this requirement to the student's parents or carers; and
- I will coordinate the provision of information to the driver and/or Travel Support Officer in order to support the needs of this student during transit in consultation with school personnel, the parent/ carer and appropriate health care professionals (as necessary) the school will undertake an annual assessment to review the needs of this student in respect of ongoing travel assistance plus the parent/s inability to provide or arrange transport for the student.

Principal's Name: _____

Signature: _____

Date: _____ / _____ / _____

All applications are to be sent to:

Applications can be posted, faxed, or scanned and emailed to:

Assisted School Travel Unit
 Department of Education and Communities
 Locked Bag 9
 Wollongong East NSW 2520

Scanned applications can be emailed to: assistedschooltravel@det.nsw.edu.au

Where email is not available please fax to: 02 4224 9112 or 02 4229 1674

Telephone enquiries: 1300 338 278

Office Use Only	
RECOMMENDATION BY TEAM LEADER:	
APPROVED <input type="checkbox"/>	Reason Code: 0 1 2 3 4 5 61 62 63 64 65
NOT APPROVED <input type="checkbox"/>	Reason Code: 31 32 33 34 35 36 37
Signed: _____	/ /
ASSESSMENT PANEL: APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> Reason: _____	
Signed: _____ / _____	
Name of ASTP officer: _____	
<input type="checkbox"/> Contractor notified: _____ (date)	<input type="checkbox"/> School notified: _____ (date)
<input type="checkbox"/> Parent notified: _____ (date)	<input type="checkbox"/> Letter sent: _____ (date)
Run number: _____	Start Date: _____ Student ID number: _____