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 NSW Department of Education. 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 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) who are enrolled in a government or registered non-government school and who meet the Program's 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, parents[1] 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 Assited school travel program. 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:

- enrols 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. As per the application form, Parent 1 will be the Primary Contact for ASTP so please list parent details in the order of Primary and Secondary Contact. 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**

Symbol Key:

*	**Information must be provided**		**Signature required**
	Documents required		**Please read**

[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)/CARER(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 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 ASTP procedures, located on the department's 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:**	***Gender:**	

Do you identify as Aboriginal and/or Torres Strait Islander? ☐ **No** ☐ **Prefer not to say**
☐ **Yes, Aboriginal** ☐ **Yes, Torres Strait Islander** ☐ **Yes, both Aboriginal and Torres Strait Islander**

***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** ☐ **No**

***Does student have shared care arrangements?** ☐ **Yes** (If Yes, please attach Shared care form) ☐ **No** (If No, please continue below)

***Transport dates requested:**	Start Date:	Finish Date:	No later than last day of school

***Transport days requested:** (Tick which days that you are requesting transport. Also indicate the supervisor for each day.)	**AM days**	**AM pickup supervised by**	**PM days**	**PM drop-off supervised by**
	☐ Monday		☐ Monday	
	☐ Tuesday		☐ Tuesday	
	☐ Wednesday		☐ Wednesday	
	☐ Thursday		☐ Thursday	
	☐ Friday		☐ Friday	

***Are there other school aged children in your care enrolled at a Government or Non-Government School?** ☐ **Yes** ☐ **No**

If Yes, please provide the following details:

Other Child(ren) Name(s)	Age	School	School Times	How do these children travel to school?

YOUR PRIVACY PROTECTED

The NSW Department of Education 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/carers.
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 Travel Support 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/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/CARER INFORMATION

	PRIMARY CONTACT	SECONDARY CONTACT
*Please Note	*This will be first point of contact for the Assisted School Travel Program	*This will be second point of contact for the Assisted School Travel Program
Title		
*First Name		
*Last Name		
*Relationship to Student		
Residential Address (If different to student's address)		
	State: Postcode:	State: Postcode:
Home Telephone Number		
*Mobile Number		
Email Address		
*Please provide your reasons here why you are unable to provide transport for your child either fully or in part. Additional information can be attached to the application if there is insufficient space provided.		

*Emergency Contact Details (This needs to be a person other than those listed above)

Name of Person		
Home Phone No		
Mobile		

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 ☐ No ☐	Yes ☐ No ☐
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: Postcode:	State: Postcode:
*Telephone Number		
*Details of employment:	Work Days: M ☐ T ☐ W ☐ Th ☐ F ☐ Times:	Work Days: M ☐ T ☐ W ☐ Th ☐ F ☐ Times:

	PARENT/CARER 1	PARENT/CARER 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 ☐ No ☐	Yes ☐ No ☐
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 ☐ No ☐	Yes ☐ No ☐
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☐T☐W☐Th☐F☐ Times:	Days: M☐T☐W☐Th☐F☐ Times:

DECLARATION BY PARENTS/CARERS

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 that I am unable to provide or arrange transport for the student either fully or in part.
- ☐ I acknowledge that the Department of Education 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 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/CARER 1 _____ Signature of PARENT/CARER 2 _____

Date: _____ Date: _____

Checklist for Parents/Carers

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 3above)**

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 the parent/s[1] 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 ethics and 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 the 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
- ☐ *Application for 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:	School Principal Name:
***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:	

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

STUDENT DETAILS

*NAME OF STUDENT	First Name:	Other Name/s:	Last Name:
*STUDENT REGISTRATION NUMBER (SRN)			

*DISABILITY (please tick box or boxes as applicable)

☐ physical	☐ mild intellectual	☐ mod. Intellectual	☐ severe intellectual	☐ vision
☐ hearing	☐ language	☐ autism	☐ behaviour	☐ mental health

*Type of class: (please tick box as applicable)

☐ Regular	☐ Support IM	☐ Support IO/IS	☐ Support Autism	☐ Support ILSMH/ILSB	☐ Support MC
☐ Support Language	☐ Support Reading	☐ Support Vision	☐ Support Hearing	☐ Support Physical	

*Enrolment level – Grade: (please specify)

*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. Please indicate results of the assessment below.

☐	**LEVEL 1** Capable of Independent Travel	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. For further information related to the Assisted School Travel Program Travel Training Program, contact the Education Services Advisor, Assisted School Travel, Assisted School Travel Program by e-mailing schools.astp@det.nsw.edu.au
☐	**LEVEL 2** Travel in a vehicle without an Assisted Travel Support Officer	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 Travel Support Officer.
☐	**LEVEL 3** Travel with the assistance of an Assisted Travel Support Officer ☐ The Assisted Travel Support Officer is required to **administer medication, health care procedures and emergency response** in transit as per the *Individual Health Care Plan*. ☐ The Assisted Travel Support Officer is required to implement a ***Student Behaviour Support Plan*** ☐ The Assisted Travel Support 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.	These students have a risk assessment which indicates the need for the additional support during travel. Supervision by an Assisted Travel Support Officer is required for either medical or behaviour/safety concerns. A *Student Behaviour Support Plan* and/or *Individual Health Care Plan* must be provided for these students. Engagement of an **Assisted Travel Support Officer** for_____weeks (maximum 41 weeks) Review Date: _____ **Important:** Principals or delegate are responsible for coordinating the provision of any necessary information for drivers and/or Assisted Travel Support Officer's in regard to assisting students while in transit. Where appropriate, schools provide drivers and/or Assisted Travel Support Officers with copies of health care or behaviour support plans to address the needs of the student in transit. Under no circumstances are Assisted Travel Support Officers 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. Complete and *forward Student Behaviour Support Plan* relevant to transport in a vehicle.

*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.

☐	Risk Assessment indicates **health care** needs requiring support and supervision in transit. Provide details in space provided and attach relevant plans.	Details:
☐	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:
☐	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.	☐ 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: ☐ Risk Assessment and/or ☐ Other Support Plans.
☐	The student must travel to and from school in a **wheelchair**	The wheelchair is: ☐ POWER DRIVE or MANUAL ☐ FOLDING ☐ Manufacturer and Model: _____ _____
☐	**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.
☐	**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.
☐	**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.
☐	**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, an Application for part day exemption from attendance at school signed by the appropriate delegated officer must be attached to this application. The Assisted School Travel Program requires the Director, Public Schools NSW signature before the part day exemption can be processed.

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 the parent/s 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 parent/s 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 an Assisted Travel Support Officer, the student cannot access assisted school travel until the Assisted 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 parent/s; and

☐ I will coordinate the provision of information to the driver and/or Assisted Travel Support Officer in order to support the needs of this student during transit in consultation with school personnel, the parent/s 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: / /

Applications can be scanned and emailed to: generalenquiries.astp@det.nsw.edu.au

or posted to:
Assisted School Travel Program
Department of Education
Locked Bag 7009
Wollongong East NSW 2520

Telephone enquiries: **1300 338 278**