NSW Department of Education
Assisted School Travel Program

Medical certificate

This medical certificate is to be completed by the family's medical practitioner where a student's parent is seeking access to travel assistance for a student due to the parent's inability to provide or arrange transport for the student to attend school.

The Assisted School Travel Program provides transport assistance for eligible students between their permanent residence and school, where parents can demonstrate they are unable to provide or arrange transport for students either fully or in part. **Any fee charged for the examination is to be paid for by the applicant (parent).**

Parents are to email this completed certificate to parent.astp@det.nsw.edu.au.

Patient details (to be completed by the applicant)

Title: _____ First name: _____ Last name: _____

Parent of: _____

Name of school the child is attending: _____

Applicant's signature: _____ Date: _____

Medical Practitioner details (to be completed by the medical practitioner)

Title: _____ First name: _____ Last name: _____

Practice address: _____ State: _____ Postcode: _____

Provider number: _____ Phone number: _____

Email address: _____

I certify that this patient has the following medical condition: _____

In my opinion, this medical condition impacts this person's ability to walk and/or drive in the following way:

Provide details on how the above medical condition impacts this person's ability to provide transport for their child to and/or from school.

_____

_____

_____

_____

AND as a consequence of this condition (tick appropriate box below):

- ☐ I consider this person to be medically unfit to walk a distance of greater than: _____ **km**
- ☐ I consider this person is unable to drive **(specify timeframe, if temporary):** _____
- ☐ This person has a conditional driver licence **(specify capability)**: _____
- ☐ I understand that the NSW Department of Education may contact me if additional clarification of this patient's medical condition is required in order to determine the student's eligibility to access assisted school travel and that the department may require an annual review of the parent's medical condition.

Signature: _____ Date: _____

Privacy Statement

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*.

The information you provide is voluntary. Other persons and/or agencies that may be provided with this information are Department of Education staff, Roads and Maritime Services and other government agencies.

The information received will only be used or disclosed for the following purposes:

- to determine the student's eligibility to access assisted school travel
- communication with departmental personnel and other agencies as required
- 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 on 1300 338 278. 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 determining the student's eligibility to access assisted school travel. It may be used and disclosed to other government agencies and/or schools for this primary purpose, or for other, related purposes.