**NSW Department of Education**
Assisted School Travel Program

# Financial capacity declaration

> Contractors and applicants are to ensure all the relevant boxes/fields are completed before submitting this form.

The Assisted School Travel Program (ASTP) requires that new applicants and existing ASTP Scheme members wishing to increase their capacity, provide verification from an **independent public practising accountant*** demonstrating their financial capacity to support their application and service the program.

*Payment for the accountant is the responsibility of the applicant.

## ASTP Scheme applicant details (To be completed by the applicant)

Entity name: _____ ABN: _____

First name: _____ Last name: _____

## Accountant details (To be completed by the accountant)

Accounting firm: _____

First name: _____ Last name: _____

☐ I confirm that I am a certified public practising accountant who holds a public practice certificate.

I am a professional association member of: _____

My designation is: _____

My membership number is: _____

## Declaration

I certify that (please tick appropriate box below):

☐ I have examined the above-mentioned applicants' financial records.

☐ I have reviewed the requirements of the NSW Department of Education in relation to the provision of services under the Assisted School Travel Program.

☐ In my opinion, the above-mentioned applicant has the financial capacity and capability to service the ASTP Agreement, e.g. cover previous months expenses, remunerate drivers, maintain vehicles etc.

Taking into consideration the financial capacity of the organisation, and the need for the subject organisation to ensure compliance of, and remunerate its drivers and subcontractors it is my opinion that the subject organisation has the capacity and capability to operate:

- ☐ Capacity up to 5 runs
- ☐ Capacity up to 10 runs
- ☐ Capacity up to 15 runs
- ☐ Capacity up to 20 runs
- ☐ Capacity up to 30 runs
- ☐ Capacity up to 40 runs
- ☐ Capacity up to 50 runs
- ☐ Capacity up to 60 runs
- ☐ Capacity up to 70 runs
- ☐ Capacity up to 100 runs
- ☐ Capacity up to 100+ runs

Accountant signature: _____ Date: _____