

Request for approval to subcontract services

This form is for contractors of the Assisted School Travel Program (ASTP) requesting approval under clause 25.5 to subcontract services. A subcontractor refers to persons engaged by the contractor in any capacity, to provide any part or all of the services and who is not an employee of the contractor. The contractor must continue to fully comply with the terms of the [Contract Agreement](#). Please return this completed form with supporting documents to businessassurance.astp@det.nsw.edu.au

IMPORTANT: Submission of this form is not a guarantee of subcontracting approval. The contractor must not subcontract any services and the subcontractor must not perform any services until, and only if, approval is granted in writing by the NSW Department of Education, Director Assisted School Travel Program.

Contractor details

Title: _____ First name: _____ Last name: _____

Entity name: _____

Trading name: _____

ABN: _____ ACN: _____

DoE vendor number: _____

Proposed subcontractor details

Title: _____ First name: _____ Last name: _____

Entity name: _____

Trading name: _____

ABN: _____ ACN: _____

Registered business address: _____

Suburb: _____ State: _____ Postcode: _____

Postal address (if different to above): _____

Suburb: _____ State: _____ Postcode: _____

Main phone number: _____ Other phone number: _____

Email: _____ Website: _____

Subcontractor documents

As part of the approval process, the Contractor must demonstrate that the subcontractor complies with the terms in the [subcontract legal contract](#) template and provide true and correct copies of the documents listed in the table below.

Yes	Checklist	Clause
<input type="checkbox"/>	Copy of the signed subcontract agreement between the contractor and the subcontractor based on the subcontract legal contract template. <ul style="list-style-type: none"> The <i>fees and invoicing schedule</i> does not need to be provided with the signed copy of the subcontract agreement. The commercial arrangement between the contractor and the subcontractor is not a matter for the department. The <i>commencement date</i> for the signed subcontract is the date that written approval (if at all) is provided by the department for the subcontractor to provide services. 	Schedule 1
<input type="checkbox"/>	List of the subcontractor driver names and contact details	Appendix A
<input type="checkbox"/>	List of the proposed vehicles for each nominated area and type of vehicle	Appendix B
<input type="checkbox"/>	Certificate of registration or renewal certificate of registration for each vehicle	Schedule 4
<input type="checkbox"/>	Consent to vehicle checks and disclosure of information form	Schedule 4
<input type="checkbox"/>	Engineering certificates for all modified vehicles	Schedule 4
<input type="checkbox"/>	Consent to driver licence check form signed by the driver	8
<input type="checkbox"/>	Medical assessment certificate	8.2
<input type="checkbox"/>	Identity verification forms (e.g. passport, birth certificate)	7.4
<input type="checkbox"/>	Working With Children Check , including child protection clearance forms	7.5
<input type="checkbox"/>	Confirmation that the driver possesses English language skills	8.3
<input type="checkbox"/>	Public liability insurance to the value of \$20 million	15
<input type="checkbox"/>	'Business use' comprehensive motor vehicle insurance	15
<input type="checkbox"/>	Workers compensation insurance	15

Vehicle details

Please complete one row for each vehicle, including relief vehicles. All vehicles must be air-conditioned, no more than 15 years old, have current engineering certificates (if modified) and meet all other compliance requirements as communicated by the department from time to time. If you do not have the vehicle(s) at time of response submission leave out vehicle registration details, however, you **must** include details of the type of vehicle(s) you intend to acquire and how you intend to acquire them.

#	Vehicle usage (Primary or Relief)	Vehicle registration type (Business, Private or Hand)	Vehicle acquisition (financed, leased or owned)	Vehicle owner	Vehicle registration number	Year of vehicle manufacture	Vehicle make	Vehicle model	*Vehicle category Refer to the Appendix for more details.	Total number of seats (excluding driver)	Complete for wheelchair vehicles only		
											Total number of wheelchair capacity (1-3 or 4+)	Number of additional seats when wheelchair setup (excl. driver)	Number of regular seating when not wheelchair enabled (excl. driver)
1													
2													
3													
4													
5													

Driver details

Please complete two rows per run – one for your primary driver and one for your relief driver.

Run number	Driver type	Driver last name	Driver first name	Former driver name (if applicable)	Date of birth	Is the driver a current ASTP approved driver?	If yes, which company was the driver employed with when approved by the ASTP?	Number of years providing service to the ASTP	Number of years providing similar service but not to the ASTP
	Primary								
	Relief								
	Primary								
	Relief								
	Primary								
	Relief								
	Primary								
	Relief								
	Primary								
	Relief								

Subcontracting arrangements

Please provide details of subcontracting arrangements. The subcontract of any service can only be done to no more than one level and a subcontractor must be a registered business conducting transport services. Approval to subcontract must be sought by completing the [subcontract transport services form](#).

#	Subcontractor company name	Subcontractor ABN	Registered for GST (Yes or No)	Subcontractor contact name	Subcontractor contact phone number	Subcontractor business address	Details of the services to be subcontracted and the number of intended runs
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Signature: _____ Date: _____