

# ASSISTED SCHOOL TRAVEL PROGRAM FOR STUDENTS WITH DISABILITY APPLICATION FOR ASSISTED SCHOOLTRAVEL

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 <u>Disability Criteria</u>) 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<sup>[1]</sup> 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 <u>ASTP Procedures</u>. 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
0	Documents required	<u> </u>	Please read

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 responsil Assisted School Travel Program of ar transport assistance. Where informat reversal of such decisions. The roles and available in hard copy on request	ny circumstances or ion is found to be and responsibilities	or change in circumsta false or misleading, ar s of parents are detaile	inces likely to a ny decisions ma ed in the <u>ASTP</u>	affect thade on	ne student's ent the basis of the	titlement to or ongoing need for at information may result in the		
		STUDENT DE	TAILS					
*First name:	О	Other Name/s:			*Last nam	e:		
*Date of Birth:			*Gender:					
Do you identify as Aboriginal and/o			Prefer not to					
☐ Yes, Aboriginal ☐ Yes, Torre	es Strait Islander	☐ Yes, both Abori	ginal and Torr	es Stra	iit Islander			
*Full Residential address:								
	AM:							
	Allii.							
Transport Address:								
(if different to residential address)	PM:							
*Estimated Travel Distance between	n Home and Scho	ool: kms						
*Does this student travel independent	ently outside of s	chool hours? 🛚 Ye	es 🗆 No					
*Does student have shared care arr	angements?	☐ <b>Yes</b> (If Yes, please a	nttach Shared C	are Fo	rm) 🗆 No (l	f No, please continue below)		
*Transport dates requested:	Start Date:		Finish Da	ate:		No later than last day of school		
	AM days	AM pickup supe	rvised by	PM d	ays	PM drop-off supervised by		
	Monday				Monday			
*Transport days requested: (Tick which days that you are	Tuesday				Tuesday			
requesting transport. Also indicate the supervisor for each day.)	Wednesda	lay			Wednesday			
	Thursday	,			Thursday			
	Friday				Friday			
*Are there other school aged children	en in your care er	nrolled at a Governm	ent or Non-Go	vernme	ent School?	□ Yes □ No		
· · · · · · · · · · · · · · · · · · ·	·		·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		

### **YOUR PRIVACY PROTECTED**

Other Child(ren) Name(s)

If Yes, please provide the following details:

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.

School

How do these children

travel to school?

**School Times** 

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

Age

- 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 <a href="mailto:generalenquiries.astp@det.nsw.edu.au">generalenquiries.astp@det.nsw.edu.au</a>. 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							
	PRIMAI	RY CONTACT	S	SECONDARY CON	TACT			
*Please Note	*This will be first po Assisted School Tr	oint of contact for the avel Program	*This will be sec Assisted Schoo	cond point of cont of Travel Program	act for the			
Title	-		-					
*First Name								
*Last Name								
*Relationship to Student	-		-					
Residential Address								
(If different to student's								
address)	State:	Postcode:	State:	Posto	ode:			
Home Telephone Number	otate.	1 osteode.	otate.	1 0310	,oue.			
*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 p	erson other than those list	ed above)					
Name of Person								
Home Phone No								
Mobile								
IMPORTANT: Please respond for the student includes: (1) v				ovide or arrange tra	ansport			
* (1) Do you work?	Yes 🗆	No 🗆	Yes	□ No				
If YES please provide the foll information of your employm								
*Name of your Employer								
*Address								
	State:	Postcode:	State:	Posto	ode:			
*Telephone Number								
*Details of employment:	Work Days: M □ T Times:	□ W □ Th □ F □	Work Days: M I Times:	O T O W O Th	OFO			
				•	•			

	PARENT/CARER 1	PARENT/CARER 2					
* (2) Do you have a medic school?	al condition or carer responsibilities that would prev	rent you supporting the student's travel to and/or from					
	Yes No	Yes No					
application AND please medical condition is req	note that the department may contact your	e department's <u>Medical Certificate</u> and attach it to this medical practitioner if additional clarification of your ility to access assisted school travel. Please note that nedical certificate is attached.					
	E or University and would this attendance prevent and/or from school?	you from providing or arranging transport for the					
	Yes No	Yes No					
	le the following details <u>AND</u> please note a copy of for assisted school travel can be assessed.	of your timetable must be attached to this application					
*Name and address of	Name:						
Education Facility	Address:						
	State: Postcode:	State: Postcode:					
	Telephone No:	Telephone No:					
*Details of attendance	Days: M $\square$ T $\square$ W $\square$ Th $\square$ F $\square$ Times:	Days: M $\square$ T $\square$ W $\square$ Th $\square$ F $\square$ Times:					
DECLARATION BY PA	ARENTS/CARERS						
	Declaration of Accuracy (all boxes must be ticked	l):					
(as explained to me	access to assisted school travel will only be consider by the school principal) and if I am able to demons a unable to provide or arrange transport for the stude	trate to the satisfaction of the Department of					
	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.							
	n assessment of the student's travel support needs vassisted school travel cannot be guaranteed by the	will be undertaken as part of the application process submission of this application.					
I declare that shoul Assisted School Tra	clare that should the student be approved to access assisted school travel I will advise the school principal and the sted School Travel Program immediately of any changes to my circumstances that may affect the student's ongoing bility 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	/CARER1 Signature	of PARENT/CARER 2					
Checklist for Parents/Car							
Ω.	required documents (as applicable) are attached to t						
	e/s ( <mark>if Yes</mark> at Question 2 above) U 📙 🗖 TAFE	or University Timetable/s ( <mark>if Yes</mark> 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<sup>[1]</sup> 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 <u>Code of Conduct</u> 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.

Q	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 <i>Student Behaviour Support Plan</i> that includes strategies applicable to managing the student's behaviour in the transport environment
	For students with health care needs – a copy of the <i>Individual Health Care Plan</i> . 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.)			t the same time each day, please for each day of the week.)
*DETAILS OF CONTACT PERSON	Name:		Position:	

<sup>&</sup>lt;sup>1</sup> References in this document to "parent" includes a guardian, carer or other person having the parental responsibility or care of the student.

STUI	DENT DETAILS						
*NAI	ME OF STUDENT	First Name:		Other Name/s:		Last Name:	
*STU	IDENT REGISTRATI	ON NUMBER (SRN)					
*DIS/	ABILITY (please tick	box or boxes as applica	able)				
□pl	nysical 🗆 mil	d intellectual	$\square$ mod.	Intellectual	□severe intel	llectual	□vision
		guage	□autis	m	☐ behaviour		☐mental health
*Type of class: (please tick box as applicable)							
□R	egular 🗆 Su	pport IM Suppo	ort IO/IS	☐ Support Autism	☐ Support ED	/BD	☐ Support MC
	upport Language	☐ Support Reading		☐ Support Vision	Support Hea	aring	☐ Support Physical
*Enr	olment level – Grade	e: (please specify)					
An a		VIEEDS vidual travel support ne uide for Schools. Pleas				ccordance with	the <u>Assessment of</u>
	LEVEL 1 Capable of Indeper	ndent Travel	and pen For Trai Tra	or from school inder ding participation in a further information re	pendently. Assistan appropriate to the As ct the Education Travel Program	sted school tra travel training sisted School n Services Ad	
	LEVEL 2  Travel in a vehicle vehicle vehicle Support Office		The assi	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 assi Travel Support Office	stance of an Assisted cer	add Office Beh for t Eng (ma	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 forweeks (maximum 41 weeks)  Review Date:			
	required to adm health care pro emergency res	avel Support Officer is inister medication, ocedures and ponse in transit as per ealth Care Plan.	Imp prov Sup app with the Office AST	portant: Principals or vision of any necessar port Officer's in regar ropriate, schools propries of health car student in transit. Uncers to administer materials after consultation	ary information or to assisting solvide drivers and e or behaviour der no circums edication to studie with the school occedures are to	for drivers and students while d/or Assisted 1 support plans tances are Asidents without 1, family and re	/or Assisted Travel in transit. Where ravel Support Officers to address the needs of sisted Travel Support he authorisation of the
		avel Support Officer is ement a <b>Student</b> port <b>Plan</b>		nplete and <i>forward S</i> ehicle.	tudent Behavio	ur Support Pla	nn relevant to transport in
	required to trave Transport NSW	avel Support Officer is el with the student on the SSTS, public transport route to and/or from					

### \*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 <b>health care</b> needs requiring support and supervision in transit. Provide details in space provided and attach relevant plans.	Details:
Risk Assessment indicates student <b>behaviour</b> 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.  The student must travel to and from school in a wheelchair	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 wheelchair is: POWER DRIVE or MANUAL  FOLDING  Manufacturer and Model:
<b>Belt Buckle Cover</b> 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, a <u>Application for Exemption from Attendance at School</u> 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	
<ul> <li>☐ I recommend the provision of assisted school travel for this student. <u>OR</u></li> <li>☐ I DO NOT recommend the provision of assisted school travel for this student for the following reason:</li> </ul>	
	-
*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 are not misleading; and	nd
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, i appropriate, the exiting school/setting; and	ıf
the student does not have the ability to travel independently or access the Transport NSW School Student Transport (SSTS) unassisted; and	port
☐ I understand that should the student require the support of an Assisted Travel Support Officer, the student confidences assisted school travel until the Assisted Travel Support Officer has been engaged and has been of advice regarding implementation of the behaviour support and/or health care plan to address the identified need the student during transit. I undertake to explain this requirement to the student's parent/s; and	ffered
☐ I will coordinate the provision of information to the driver and/or Assisted Travel Support Officer in order to su the needs of this student during transit in consultation with school personnel, the parent/s and appropriate h care professionals (as necessary)	
the school will undertake an annual assessment to review the needs of this student in respect of ongoing assistance plus the parent/s inability to provide or arrange transport for the student.	travel
*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