

Students with Disabilities Transport Program: Request for Change to Contract Details - Operator

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| **PLEASE ENSURE ALL SECTIONS ARE READ, COMPLETED AND SIGNED** |
| Operator Name  |       | Contract No |       | Proposed Date of Effect |       |
| **Route (Schedule 1, Item 2 of the Contract)** |
| Route Name |       | School |       |
| Normal Daily Distance |       km | Depot Address |       |
| **Vehicle (Schedule 1, Item 10 of the Contract)** |
| Assigned to Contract as | New | [ ]  | Nil Change | [ ]  | Existing | [ ]  | If existing, the previous Contract No. assigned to |       |
| Current Vehicle to be Retired or Swap | Retire | [ ]  | Swap | [ ]  | Registration |       |
| Make |       | Model |       |
| Date of First Registration |       | VIN |       |
| GVM Tonnes |       | Air-conditioning | Yes | [ ]  | No | [ ]  |
| Seatbelt Equipment | Yes | [ ]  | No | [ ]  | Two-way Communication (including a mobile phone) | Yes | [ ]  | No | [ ]  |
| Complying Lights and Signs | Yes | [ ]  | No | [ ]  | Wheelchair Equipped | Yes | [ ]  | No | [ ]  |
| Hoist Equipped | Yes | [ ]  | No | [ ]  |  |
| Seating capacity (factory issue) |       | Wheelchair Capacity |       | Max. No. of Seats (excluding W/C)\* |       |
| \* This includes all clip back seats when wheelchairs are not in use.**Driver (Schedule 1, Item 11 of the Contract)** |
| First Name |       | Surname |       |
| Assigned to Contract as | New | [ ]  | Nil Change | [ ]  | Existing | [ ]  | If existing, the previous Contract No. assigned to |       |
| Start Date with Operator |       | Start Date on Contract |       |
| Employment Status | Full time | [ ]  |  | Casual (no. hrs/day) |       |
| Eligible for Lift Allowance | Yes | [ ]  | No | [ ]  | Valid Driver Accreditation | Yes | [ ]  | No | [ ]  |
| Working with Children Check | Yes | [ ]  | No | [ ]  | Working with Children Check Expiry Date |       |
| **Supervisor (Schedule 1, Item 12 of the Contract)** |
| First Name |       | Surname |       |
| Assigned to Contract as | New | [ ]  | Nil Change | [ ]  | Existing | [ ]  | If existing, the previous Contract No. assigned to |       |
| Start Date with Operator |       | Start Date on Contract |       |
| Employment Status | Full time | [ ]  |  | Casual (no. hrs/day) |       |
| Working with Children Check | Yes | [ ]  | No | [ ]  | Working with Children Check Expiry Date |       |
| Holds Current First Aid Qualification | Yes | [ ]  | No | [ ]  |  |
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| **STU OFFICE USE ONLY** |
| **Specific Details** |
| Effective Date | Item | Current Details | Revised Details | Reason for Change |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **Financial Impact** |
| Relevant Item | Current (p/a $) | Revised (p/a$) | Difference (p/a$) | Arrears Payment $ |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
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| **Additional Comments (If applicable)** |
| **Authorisation**  |
| STU Assessing Officer |       | Signed |  | Date |       |
| Manager Approving |       | Signed |  | Date |       |
| System Updated By |       | Signed |  | Date |       |
| Comments |       |