

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 |
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| **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 |  | | | | |