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| https://edugate.eduweb.vic.gov.au/newsevents/featstories/PublishingImages/VICGOV_EDUCATION_LOGO_GOV_BLUE.png**PLEASE ENSURE ALL SECTIONS ARE READ, COMPLETED AND SIGNED**Students with Disabilities Transport Program: Form X - Application for Extension or Variation of an Existing Route |
| School name |       | Region |       |
| School address |       | Postcode |       |
| Principal |       | Telephone |       |
| Transport coordinator |       | Telephone |       |
| Is the school’s student travel database up to date? | Yes | [ ]  | No | [ ]  (update the school’s travel database) |
| **Only schools with up-to-date travel databases will have their extension or variation requests considered.** |
| **Please ensure students accessibility/suitability to Independent Travel, School Bus Program (Rural/Regional areas) or Conveyance Allowance has been considered prior to submitting application.** |
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| **PROPOSAL SECTION** |
| Please complete the below section ensuring ALL the information has been completed and is attached.  Completed or N/AThe application will be returned to the school for further work if information is missing. |
| **Section 1 – Current Service** |
| Contract Number & Route Name |  | [ ]  |
| Current bus list (incl. names, address, times) |  | [ ]  |
| **Section 2 – Student Details** (for multiple students attach separate list including below details for each) |
| Student Name |       | [ ]  |
| Student DOB |       | [ ]  |
| Student residential address  |       | [ ]  |
| Reason for extension(s)/variation(s) |       | [ ]  |
| **Section 3 – Proposed Service** |
| Address of the closest existing stop |       | [ ]  |
| Current route distance and time (from 1st pick up to school) |       | [ ]  |
| Address of the proposed stop/route |       | [ ]  |
| Proposed route distance and time (from 1st pick up to school) |       | [ ]  |
| Adequacy of the existing vehicle to service the needs of student e.g. wheelchair capacity  |       | [ ]  |
| Is there time and space on the service? | Yes | [ ]  | No | [ ]  | If there is no time or space available, application cannot be accepted. | [ ]  |
| Proposed bus list (including. names, addresses, times) |  | [ ]  |
| Benefits of the proposed service (including the nature of the benefits and the names of students who will benefit) |       | [ ]  |
| Drawbacks of the proposed service (including the nature of the drawbacks and the names of students who will be disadvantaged) |       | [ ]  |
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| **Section 4 - Maps** |
| Map of current route showing:* BLUE line of existing route
* YELLOW marker for each student on existing route
 |  | [ ]  |
| Map of proposed route variation showing:* RED line of proposed route
* YELLOW marker for each student on proposed route
* If applicable, show the School Bus Program route(s) servicing nearby schools in the vicinity of the proposed route variation with GREEN line
 |  | [ ]  |
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| Evidence of endorsement from the following parties must be provided with this application if applicable: |
| School council endorsement | Yes | [ ]  | N/A | [ ]  |  | For any changes to student travel time greater than 10 minutes, please attach a copy of the school council resolution endorsing the extension or variation of the route. |
| Bus Operator | Yes | [ ]  | N/A | [ ]  |  | Operator to provide Contract Change Form which will include any increase/decrease to kilometres; increase/decrease to time for students; increase/decrease to staff hours; confirmation the bus can safely accommodate proposed change (whilst meeting the requirements of the Bus Safety Act). |
| Approval from the relevant road authority engineer is required where proposed travel is on roads currently not on the approved route. |
| Municipal engineer endorsement | Yes | [ ]  | N/A | [ ]  |  | Please attach a certificate stating the roads to be used are suitable and safe to operate a school bus in all weather conditions. |
| VicRoads engineer endorsement | Yes | [ ]  | N/A | [ ]  |
| Principal’s acknowledgement: |
| [ ]  | I acknowledge that where an existing student’s travel will be impacted by the requested variation/extension, I will be responsible for appropriate consultation with affected families. |
| [ ]  | I acknowledge that upon approval of the extension/variation it is the school’s responsibility to liaise with and inform parents and operators of any changes.  |
| [ ]  | I certify that all details provided are true and correct. |
| Principal Name: |  | Principal Signature: |  |
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| **STU OFFICE USE ONLY** |
| STU Officer Assessing (STEP 1) |       | Date |       | Form signed by Principal | [ ]  |
| Endorsed | [ ]  | Declined | [ ]  | Additional information required from school | [ ]  |
| Date submitted to STU manager |       | Signed |       |
| Comments |       |
|  |
| STU Manager (STEP 2) |       | Approved | [ ]  | Not approved | [ ]  |
| Date of approval |       | Signed |       |
| Comments |       |
|  |
| STU Officer (STEP 3)  |       | School informed  | [ ]  | Operator informed  | [ ]  |
| Date of implementation  |       | Signed |       |
| Comments |       |