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| **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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PROPOSAL SECTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please complete the below section ensuring ALL the information has been completed and is attached.  Completed or N/A  The 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) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |