Students with Disabilities Transport Program: Application for Transport Assistance

Text

Description automatically generated

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PLEASE ENSURE ALL PAGES ARE READ, COMPLETED AND SIGNED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School enrolled | | |  | | | | | | | | | | | | | | | | | | Application date | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STUDENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student name | | | | | |  | | | | | | | | | Date of birth | | | | |  | | | | | | Age at time of travel | | | | | | | |  | | | |
| Residential address | | | | | |  | | | | | | | | | | | | | | | | | | | | Postcode | | | | | | | |  | | | |
| Name of parent/guardian | | | | | |  | | | | | | | | | | | | | | | | | | | | Phone | | | | | | | |  | | | |
| Email parent/guardian | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |
| Emergency contacts | | | | Name | |  | | | | | | | | | Relationship | | | | |  | | | | | | Phone | | | | | | | |  | | | |
|  | | | | Name | |  | | | | | | | | | Relationship | | | | |  | | | | | | Phone | | | | | | | |  | | | |
| Any medical conditions or requirements that should be notified of? If yes, please provide details. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TRAVEL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proposed travel start date | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Which days do you intend to use this service? (please use **X** to highlight) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MON |  | | | | TUE | |  | | WED | | | | |  | | | | THU | | | | |  | | FRI | | | |  | | | ALL | | | | |  |
| Does the student reside within the designated transport area (DTA)? | | | | | | | | | | | | | | Yes | | | |  | | | | | No | |  | | | | If no, the student is not eligible for transport assistance | | | | | | | | |
| Is the student eligible for PSD or Disability Inclusion Tier 3 student-level funding? | | | | | | | | Yes | |  | | | | Funding level | | | |  | | | | | No | |  | | | | If no, the student is not eligible for transport assistance | | | | | | | | |
| Does the student require assisted mobility? | | | | | | | | No | |  | | | | Walker | | | |  | | | | | Wheelchair | | | | | |  | | Other | | | |  | | |
| How will the student travel to school? | | | | | | | | DET Funded Service  (includes bus or taxi) | | | | | | | | | | | | | | |  | | Conveyance Allowance Program  (Includes independent travel) | | | | | | | | | | See note below | | |
| **Note: If a student is requesting transport assistance for a conveyance allowance, please complete forms at:** <http://www.education.vic.gov.au/school/principals/finance/Pages/conveyance.aspx> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SCHOOL USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has an individual student travel plan been completed? | | | | | | | | | | | | Yes | | | |  | | | No | | |  | | **NB:** Ensure the travel plan is kept with the students application at the school | | | | | | | | | | | | | |
| Can the student be accommodated on an existing route? | | | | | | | | | | | | Yes (please specify route) | | | | | | | | | | | |  | | | | | | No | | | | | |  | |
| Distance by the shortest practicable route | | | | | | | | | | | | From home to school (Km) | | | | | | | | | | | |  | | | | | From home to pick up/drop off point (km) | | | | | | |  | |
| Bus route | |  | | | | | | | | | | | | | | | Bus operator | | | | | | |  | | | | | | | | | | | | | |
| Pick-up point | |  | | | | | AM time | | | |  | | | | | | Drop off point | | | | | | |  | | | PM time | | | | | |  | | | | |
| Contract # | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Has this student been granted access to the SDTP on the basis of an exemption? | | | | | | | | | No | | | |  | | | | Yes (please specify) | | | | | | |  | | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| Has the student applied to join the NDIS?  SDTP is provided as an in-kind support on behalf of the NDIS. Parents must provide written evidence to their school that their child is an NDIS participant or that an application for the NDIS has been submitted for their child  NOTE – the outcome of an NDIS application does not affect the student eligibility for the SDTP. | No | Yes  The NDIA letterhead confirming student NDIS eligibility has been cited by the school  OR  Yes  NDIA letterhead confirming the student is not eligible for the NDIS has been cited by the school  OR  Yes  NDIS letterhead confirming an application for the NDIS has been submitted for the student has been cited by the school |

## Conditions of Travel

To ensure the safety of all passengers on school buses, the following conditions apply at all times.

**Students must agree to the following:**

* Obey instructions from the driver, supervisor, school staff or principal
* Be punctual at the pick-up or drop-off point (morning and afternoon)
* Wait at the stop in an orderly fashion and do not approach the vehicle until it has stopped
* Enter and leave the vehicle in an orderly manner
* Not move around the vehicle in transit but remain seated at all times
* Ensure they and any object in their possession remains in the vehicle and does not protrude out of windows or doors
* Not behave aggressively or endanger other students, driver, supervisor, school staff or principal
* Not engage in boisterous conduct, including the use of offensive language or any action that may cause distress to other students or distract the driver/supervisor
* Converse quietly and not call out to passing traffic or fellow students
* Store bags in accordance with advice from the supervisor
* Only use their allocated vehicle; this will not be changed to meet sporting or social arrangements
* Treat others with courtesy and consideration
* Not throw any object within or from a vehicle
* Not consume food or drink on/in a SDTP transport service
* Follow and abide by the school's code of conduct while travelling on a bus

**Non-compliance with any of the above conditions may result in the following:**

* The driver will stop the bus
* The student’s name and full details of the breach will be recorded
* The student will be transported to school or to their normal drop off
* The breach will be reported to the principal
* The principal will take disciplinary measures in accordance with the SDTP policy
* In rare and exceptional circumstances, and only as a last resort, drivers are authorised to eject passengers from a bus

**Following the report of a relevant incident, the principal may take the disciplinary action below:**

* First offence – verbal warning to student.
* Second offence – written warning to parent/guardian.
* Third offence – one week suspension of student from school bus travel.
* Fourth offence – the student will not be allowed to travel on the school bus for the remainder of the year.

A serious offence that endangers other students, transport service staff or property will result in immediate suspension.

**Responsibilities of parents/guardians**

* Parents/guardians are responsible for transporting their children to and from authorised stops and their safety at the stop while waiting for a service
* Parents/guardians waiting for students at stops should wait on the same side of the road as the transport service to prevent students from crossing the road unassisted
* Transport assistance is a privilege and not a right and consequences will follow a breach of these conditions
* It is understood that transport assistance is provided and accepted on these conditions
* Parent behaviour should mirror students conditions of travel

All those involved in providing school transport should understand the specialised educational needs of the student being transported. The following points will help parents/guardians/carers to understand their roles and responsibilities to ensure that the daily journey to and from school is as smooth and efficient as possible.

**The following has been explained to me/us and I/we understand**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **YES** | **NO** | **N/A** |
| I/we have explained to the school and prepared a written note as appropriate any specific difficulties my/our child may have during the journey between home and school |  |  |  |
| I/we have provided any necessary approved restraint system or booster seat and advise both the school and the service provider on how it is used and secured safely. |  |  |  |
| I/we will ensure that if my/our child is travelling in a wheelchair they are seated correctly with the necessary harnesses fitted and secured. |  |  |  |
| I/we have been provided with school contact details and emergency management information in case need arises. |  |  |  |
| I/we understand that I/we may use the individual education plan or behaviour management process to discuss any issues related to transport. |  |  |  |

**I certify that:**

1. All the above details are true and correct.
2. I/we will have my/our child ready in the morning at the agreed pick-up time and location.
3. I/we will ensure that an approved/ authorised adult/carer collects my/our child in the afternoon at the agreed drop-off location and time.
4. I/we am/are aware that if I/we fail to meet the transport service, the driver will continue on the bus’s route and will contact the school. If this occurs I/we will be required to pick our child up at a point later in the route (at an authorised stop) or the school may make alternative arrangements to ensure our child is safe (return child to school, DHHS or Police Station).
5. I will notify the principal in writing within 7 days of any change of address or school. I understand I must reapply for transport and that it may take up to 15 business days for access to transport to be approved.
6. I agree to pay the costs of repairs or damage to the bus, or its replacement if totally destroyed, caused by the vandalism or deliberate act of my child (ren).
7. I consent to this information being released to service providers to assist with planning for transport services.
8. I acknowledge that my residential address may be disclosed to other families as a central transport pick-up point to facilitate the safe and effective transport of all students accessing the service.
9. I am aware that CCTV may be in operation on bus services

I/we accept the authority of the principal with regard to student discipline on the school transport service. I/we agree to abide by the above Conditions of Travel. I/we understand that if I/we or my child(ren) do not comply with the Conditions of Travel, it may result in my child(ren) not being permitted to travel on a school service.

Parent/guardian name (please print)

Parent/guardian signature

Date

Discussed with parent/guardian and application accepted by principal or school delegate transport coordinator:

Name (please print)

Signature