

\*Mandatory fields. Incomplete forms will not be processed.

Please indicate the year transport is required. Is this application a renewal or new enrolment?

☐ 2023\*☐ 2024\*☐ Renewal\*☐ New enrolment\*

171018

## SECTION 1 - STUDENT DETAILS

*PLEASE NOTE: Applications will only be considered if the student has an approved and active NDIS Plan. Exemptions may apply for students who are not eligible for the NDIS because they do not meet Australian residency. Please contact the Special Needs Transport office on 62053555 to discuss.*

NDIS number\*:

Date of NDIS Plan review\*:

NDIS Plan Coordinator/Agency (LAC) \*:

Contact details\*:

Student's surname\*:

First name\*:

Date of birth\*:

Gender\*:

School Year 2023:

and/or 2024:

Residential address\*:

Postcode\*:

## SECTION 2 - PARENT/CARER/GUARDIAN

### Contact 1

Title:

Given name\*:

Family name\*:

Relationship to student\*:

Phone number\*:

Email\*:

### Contact 2

Title:

Given name\*:

Family name\*:

Relationship to student\*:

Phone number\*:

Email\*:

## SECTION 3 - ELIGIBILITY

Which school will the student be enrolled in?

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**3.1 Please select the disability education program the student will be attending:**

- ☐ Disability Education Program (K-10 school)
- ☐ Specialist School
- ☐ College
- ☐ Mobility Issues

**3.2 Does the student travel independently outside school hours?**

- ☐ Yes ☐ No

**3.3 Would the student benefit from transport/travel training, in order to use public transport independently?**

- ☐ Yes ☐ No

If **NO**, please indicate the reason/s why

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**3.4 Are you able to transport the student to school?** ☐ Yes ☐ No

If **NO**, please indicate the reason/s why (please tick all relevant boxes):

- ☐ No family car or driver's licence ☐ Parent/carer health issues
- ☐ Impacts on parent's/carer's work
- ☐ Family car unsuitable for transport (i.e. car requires modification)
- ☐ Unsafe for child to travel in family car without additional supervision
- ☐ Siblings attend a different school.

*(Please specify how many children and which schools they attend - up to four siblings required)*

Sibling Name	School and Year

- ☐ Other (please specify)
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## SECTION 3 - ELIGIBILITY (CONTINUED)

**3.5 Please provide detailed information in your own words as to why the student's disability prevents you from being able to transport the student to school. For example:**

- there is a lack of alternative support options due to the child's disability  
(e.g. no appropriate out of school hours care)

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## SECTION 4 - TRANSPORT REQUIREMENTS

### Travel schedule

**4.1 Please indicate which mornings and afternoons the student requires transport.**

- |                                 |                                  |                                 |                                   |                                 |
|---------------------------------|----------------------------------|---------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> MON AM | <input type="checkbox"/> TUES AM | <input type="checkbox"/> WED AM | <input type="checkbox"/> THURS AM | <input type="checkbox"/> FRI AM |
| <input type="checkbox"/> MON PM | <input type="checkbox"/> TUES PM | <input type="checkbox"/> WED PM | <input type="checkbox"/> THURS PM | <input type="checkbox"/> FRI PM |

**4.2 Is transport required for the whole school year?**

- ☐ Yes      ☐ No

If **NO**, please specify dates required below:

FROM (Date)	TO (Date)

## SECTION 4 - TRANSPORT REQUIREMENTS (CONTINUED)

### Alternative address for transport

**4.3 Does the student need to be transported to/from a location other than the residential address?**

☐ Yes ☐ No

If **YES**, please provide reasons why including the alternate address, alternative phone number (if required) and whether a nominated adult other than the parent/carer/guardian will be responsible for the child (include the name of the alternative person and the nature of the relationship to the child).

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**4.3 (a) Please indicate which mornings and afternoons the student requires transport to the above address.**

<input type="checkbox"/> MON AM	<input type="checkbox"/> TUES AM	<input type="checkbox"/> WED AM	<input type="checkbox"/> THURS AM	<input type="checkbox"/> FRI AM
<input type="checkbox"/> MON PM	<input type="checkbox"/> TUES PM	<input type="checkbox"/> WED PM	<input type="checkbox"/> THURS PM	<input type="checkbox"/> FRI PM

### Mobility

**4.4 Does the student experience difficulties with mobility?**

☐ Yes ☐ No

If **YES**, please provide detail:

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#### 4.5 Is the student transported in a wheelchair?

☐ Yes ☐ No

If **YES**, please select from the below:

☐ powered

☐ folding

☐ fixed

☐ stroller (*Please note: Students can not be transported in a stroller. Strollers can only be transported if they fold and there is a secure place available for them on the bus and the student is able to transfer to a seat.*)

## SECTION 5 - HEALTH/BEHAVIOUR

*PLEASE NOTE: If a student's behaviour jeopardises the safety and wellbeing of others on the bus, the transport provider may decline to transport the student. In such a case, parents/carers/guardians will assume responsibility for transport until strategies can be put in place to transport the student safely. This may include the services of an Occupational Therapist or Behaviour Specialist through your students NDIS Plan.*

#### 5.1 Does the student have a known medical condition such as anaphylaxis, asthma, epilepsy, diabetes, other?

☐ Yes ☐ No – Continue to question 5.2

#### 5.1 (a) Has the students medical plan been updated or changed in the last 12 months?

☐ Yes ☐ No – Continue onto question 5.1(b)

If **YES**, a copy of the current Known Medical Condition Plan must be provided with this application.

#### 5.1 (b) If no changes have been made to the medical plan, do you consent for Special Needs Transport to use the same medical plan provided with the students 2022 application?

☐ Yes ☐ No

If **NO**, a copy of the current Known Medical Condition Plan must be provided with this application.

#### 5.2 Please provide details of any other health issues the bus staff should be aware of in order to transport the student safely. Are there any symptoms the bus staff need to look out for?

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**5.3** Please provide details of any of the student's behaviours the bus staff should be aware of and strategies that you use which will help manage these when on the bus such as an iPad, toys, bag of treasured items (soft toys only) etc. Please also list any communication strategies including calming words, hand signals, social stories, visuals etc that the student is familiar with.

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**5.4 Positive Behaviour Support Plan** (*Please note: you DO NOT need to provide the plan with this application*)

**Does your child have a Positive Behaviour Support Plan?**

☐ Yes ☐ No

**Who is the Positive Behaviour Support Plan registered with?**

The Senior Practitioners Office ☐ the student's school ☐ Other \_\_\_\_\_

## SECTION 6 - SPECIFIC SEATING REQUIREMENTS

Please provide details of any specific seating required to transport the student safely (e.g. booster seats, harness etc.).

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## SECTION 7 - EMERGENCY CONTACT

*(This should be someone in close vicinity to home. This contact will be used in the event of a parent/carer/guardian/responsible adult not being present at the usual drop-off address. This cannot be a person residing with the child).*

Full name\*:

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Phone\*

BH:

AH:

Mobile:

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Address\*:

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## SECTION 8 - INFORMATION SHARING

The day to day operation of the SNT requires Transport Canberra to share and discuss students' personal information, including details of their disability, with the Education Directorate, transport providers and in the case of NDIS participants, the National Disability Insurance Agency (NDIA).

All ACT Government Directorate officers, including consultants and contractors, are obliged to adhere to the principles of the *Information Privacy Act 2014*. All information collected about a student and/or their family will only be used for the purpose of ensuring the safe transportation of the student.

Parents/carers/guardians are able to update the information provided at any time. All requests to update information must be provided in writing to the SNT Coordinator.

Parents/carers/guardians are able to withdraw their consent for the sharing of personal information at any time. The withdrawing of consent must be provided in writing to the SNT Coordinator.

**PLEASE NOTE: Children/young people of parents/carers/guardians who do not wish to consent to the sharing of personal information will be unable to access the SNT Scheme.**

### 8.1 Parent/Carer/Guardian consent to the sharing of personal information

**Please tick all boxes below and sign to indicate that you understand your child's personal information may be shared.**

- ☐ I have read and understood that my child's/young person's/family's personal information will be shared for the purpose of safely transporting my child/young person to and from school/respice.
- ☐ I understand I can withdraw my consent for the sharing of my child's/young person's/family's personal information.

Parent/carer/guardian name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Date: \_\_\_\_\_



## **SECTION 9 - AGREEMENT TO THE TERMS AND CONDITIONS OF THE SERVICE**

**Please tick all boxes below and sign to indicate that you agree to the terms and conditions of the SNT Service.**

- ☐ I certify that all particulars in this application are true and correct to the best of my knowledge. The Emergency Contact (as specified in this application form) is aware that in case of emergency their contact details may be released to transport providers.
- ☐ I agree should the above mentioned circumstances change and the student in my care is then able to be transported by other means, I will contact the SNT Coordinator on 6205 3555.
- ☐ I have read and understood the terms and conditions outlined in the above application.

Parent/carer/guardian name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Date: \_\_\_\_\_

### **Please return to:**

**Email:** specialneedstransport@act.gov.au

**Mail:** Special Needs Transport, 255 Canberra Avenue, FYSHWICK ACT 2609  
Transport Canberra and City Services, GPO Box 158, CANBERRA ACT 2601

**Phone:** 6205 3555