

TRANSPORT ASSISTANCE - APPLICATION FOR STUDENTS WITH DISABILITY

To be eligible for transport assistance, a student must be verified as a student with disability as established by the Children and Students with Disability Policy. Students with disability are eligible for transport assistance if they bypass their local Department for Education and Child Development (DECD) preschool/school (by a minimum 5 km) to attend the closest/appropriate DECD Special Option, as determined by a DECD special options placement process. If a child/student is attending their local preschool/school, or they live within 5km of the Special Option attended, transport assistance will not be provided. Approved DECD Special Options include Inclusive Preschool Programs, Speech and Language Programs, The Briars Special Early Learning Centre, Centres for Hearing Impairment, Special Schools, Disability Units or Special Classes.

The DECD Students with Disability – Transport Assistance Program is a service to support parents and carers. However, responsibility of conveying students with disability to and from school rests with parents/carers. The mode of DECD Transport Assistance offered for eligible students may be either Direct Assistance (taxi/bus/access vehicle) or Financial Assistance (car allowance, public transport grant, private bus fare grant)

DECD is a service provider for transport under the National Disability Insurance Scheme (NDIS), which is administered by the National Disability Insurance Agency (NDIA).

As children/students transition to the NDIS, they are required to meet the NDIS 'reasonable and necessary' criteria to access DECD transport assistance. Once the NDIS approves transport assistance as a support item in the child's/students NDIS plan, DECD will continue to determine the most appropriate form of assistance which will be either Direct Assistance or Financial Assistance.

Children/students will require a NDIS Plan with DECD Transport included as a support item (05 006) for families to access the DECD Transport Assistance Program. Families are asked to ensure renewals of NDIS Plans are completed in a timely manner to ensure continuity of service.

PARENT / LEGAL GUARDIAN TO COMPLETE: Please mark in appropriate box

Application will be returned if requested information has not been completed / acknowledged.

New Applicant: Yes Change of Address: Yes Change of School: Yes Change to Assistance Type: Yes Change to days travelled: Yes

1. CHILD/STUDENT DETAILS: Please ensure name details are identical to Birth Certificate and consistent with information held by NDIS.

Surname/Family Name				M <input type="checkbox"/>	F <input type="checkbox"/>	
Given Name/s		Other Name/s Known By				
Date of birth		Aboriginal /Torres Strait Islander?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Year Level of Child/Student	
In which country was the child/student born:		Australia <input type="checkbox"/>	Other <input type="checkbox"/>	(please specify)		
For children/students born overseas with a date of arrival in Australia on or after 01/01/2006, a "Visa sub-class" must be entered.						
If other, on what date did the child/student arrive in Australia?		Visa Sub-Class:				
Is the child/student under the Guardianship of the Minister or in alternate care? Please ensure Caseworker details included.					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Residential Address:				Postcode:		
Is the child/student in shared care? Yes <input type="checkbox"/>		No <input type="checkbox"/>		If yes, please ensure details of parent/carer are included and schedule attached.		
School / Preschool:			Annex Class (if applicable):			
Inclusive Preschool Program <input type="checkbox"/>		The Briars Early Learning Centre <input type="checkbox"/>		Special School <input type="checkbox"/>		
Disability Unit Primary <input type="checkbox"/>		Disability Unit Secondary <input type="checkbox"/>		Disability Unit Primary <input type="checkbox"/>		
Special Class Junior Primary <input type="checkbox"/>		Special Class Primary <input type="checkbox"/>		Special Class Secondary <input type="checkbox"/>		
Autism Intervention Program Primary <input type="checkbox"/>		Autism Intervention Program Secondary <input type="checkbox"/>		Speech and Language Program <input type="checkbox"/>		
Centre for Hearing Impairment, Primary <input type="checkbox"/>		Centre for Hearing Impairment, Secondary <input type="checkbox"/>				
Is this the recommended special option through the DECD placement process?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		
If No, please give reason why not attending closest option.		What is the distance to the special option?				



2. NATIONAL DISABILITY INSURANCE SCHEME:

Is your child eligible for NDIS? <i>Please insert their reference number below.</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>
NDIS Number: <input type="text"/>	Has a NDIS Plan been prepared?	Yes <input type="checkbox"/> No <input type="checkbox"/>
NDIS Plan Period: <input type="text"/> TO <input type="text"/>	Transport must be in the child/student's plan for transport to be accessed. Does the plan include support item 02 -050_0108_1_1?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please Note:	<i>If yes, please provide evidence that shows your child's plan period and DECD Transport included in the plan. If no, please contact your Planner to discuss the inclusion of the DECD Transport Assistance Support item to your child's NDIS Plan.</i>	
If you do not have a NDIS reference number, have you made a "request for access" application with the NDIS?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please provide evidence and <u>include</u> with this application.</i>		<i>If no, this application cannot proceed, please contact NDIS.</i>


NATURE OF TRANSPORT ASSISTANCE BEING SOUGHT Please mark in appropriate box

*Please complete the appropriate section to request the support assistance type required. For example should you require Direct Assistance complete section 3(b) and if you require Financial Assistance please ensure the appropriate request is completed.
This application will supersede all previous applications.*

3 FINANCIAL ASSISTANCE					
Payment for eligible children/students shall be facilitated by electronic payment (EFT) to your preferred bank account; please complete the appropriate form.					
3(a) Car Allowance:					
<input type="checkbox"/> An allowance payable on a per car basis at a prescribed rate per day based on attendance and claimable at the end of each school term					
No. of days travelled each week		Time travelled	AM <input type="checkbox"/>	PM <input type="checkbox"/>	
Child/student travels in the car (<i>Circle the days</i>)		MON	TUE	WED	THU FRI
Children attending an Inclusive Preschool/The Briars (ie: 5 days per fortnight)		MON	TUE	WED	THU FRI
Are you currently in receipt of a car allowance for any other child/student?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes answer following
Name of child/student/s					
Name of preschool/school attending					
Date from which allowance is sought					

3(b) Public Passenger Transport Grant:					
<input type="checkbox"/> An allowance paid in advance on a per student basis as an Annual Grant for travel on public transport					
Date from which allowance is sought					

3(c) Private Bus Fare Allowance:					
<input type="checkbox"/> Reimbursement on a per student basis of travel costs incurred on licensed bus services and claimable at the end of each school term based on attendance.					
Name of bus company					
Date from which allowance is sought					

4 DIRECT ASSISTANCE								
<i>Direct assistance will <u>not</u> be approved for children under 6 years old; please complete section 3.</i>								
Transport, subject to provider availability may be provided by bus, taxi or an access cab; vehicle type will be at discretion of DECD. Students require consistent morning and afternoon addresses – maximum of two addresses. Arrival times for morning and afternoon trips cannot be negotiated with drivers and are subject to change to accommodate all student needs. Parents/carers are responsible for the supervision of students at collection points and must ensure they are present to promptly assist their child into/from the vehicle. Taxis/buses/access cabs cannot wait and should a parent/carer not be home it may result in the student being returned to school at a cost to the students’ family. Taxis/buses/access cabs will wait for a maximum of 2 minutes; if student does not arrive promptly the vehicle will leave. It is the responsibility of parents/carers to ensure car seat/booster seat is fitted, seat belt/harness is fastened and bags are placed in the vehicle boot each morning and retrieved each afternoon (site personnel will be responsible at site arrival/departure times). Drivers are <u>not</u> to leave the vehicle (exception for unloading of students who travel in their wheelchair via access cab/specialised bus). For further information please refer to the brochure “Students with Disability – Transport Assistance Program (taxi/bus) Information for parents and carers”.								
<i>Please cross vehicle type required</i>								
bus/taxi transport Yes <input type="checkbox"/>		access cab/specialised bus (for travel in wheelchair) Yes <input type="checkbox"/>						
AM Collect student from		Emergency phone number for AM						
		Mobile number						
PM Deliver student to		Emergency phone number for PM						
		Mobile Number						
SCHEDULE ATTACHED (for two addresses): Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>								
For students attending an Out of School Hour Program, please ensure an adult is available to meet the taxi. Yes <input type="checkbox"/>		Where will the adult meet the taxi? _____ Signature: _____						
Can your child travel safely in a taxi, bus or access cab without the need to of an adult to manage behaviour? yes <input type="checkbox"/> No <input type="checkbox"/>		Please note: Buckle guards / covers are not permitted						
If <u>no</u> , direct assistance (taxi / bus /access cab) <u>cannot</u> be supported. Please complete section 3a for financial assistance.								
<i>I acknowledge that DECD Transport providers and their drivers have a right to a safe work environment and to be treated with respect.</i> Yes <input type="checkbox"/>								
Does your child require adult supervision to provide health / medical support? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please include detail in comments below parent/carer declaration.						
Drivers are responsible for transportation of students and are not in a position to be able to provide supervision for health support. Should a student be observed as requiring medical assistance whilst travelling, the driver will call for an ambulance and whilst waiting for its arrival will call their supervisor who will communicate with school staff and DECD Transport Services Unit.								
Does your child need to travel in their wheelchair? Yes <input type="checkbox"/> No <input type="checkbox"/>		Please advise size of wheelchair						
Can your child transfer independently from their wheelchair into a vehicle seat? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>								
In South Australia it is illegal to use child restraints (car seat, booster seats) which do not comply with the Australian/New Zealand Standard 1754 Child restraint systems for use in motor vehicles.								
Does your child travel in an approved child safety seat with an inbuilt harness that will require an anchor point? Please specify type of fitting required to the secure seat. (Must be supplied by parent/carer)			Yes <input type="checkbox"/> No <input type="checkbox"/>					
Does your child travel in an approved booster seat? ie: secured by sash/lap seat belt (Must be supplied by parent/carer)			Yes <input type="checkbox"/> No <input type="checkbox"/>					
Preferred Commencement Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr></table>							A MINIMUM OF 10 WORKING DAYS REQUIRED TO ASSESS/FACILITATE	

At the end of each school year all school transport runs are reviewed and should there be a change of circumstance ie: students moving off the school run leaving another travelling alone, alternate transport assistance will be negotiated.



5a. PARENT 1/LEGAL GUARDIAN 1 (Birth/Adoptive/Legal Guardian):

Surname/Family Name:	<input type="text"/>	First Name:	<input type="text"/>
Relationship to Student:	<input type="text"/>	Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
Residential Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
P/G 1 phone: nos	<input type="text"/>	Mobile	<input type="text"/>
		Emergency:	<input type="text"/>
Postal Address:	<input type="text"/>		Postcode: <input type="text"/>
Email Address P/G 1:	<input type="text"/>		

5b. PARENT/CARER 1 DECLARATION AND CONSENT:

In the event of a medical emergency or behavioural problems during transport, I consent to the provider taking whatever appropriate action in consultation with the Department for Education and Child Development to facilitate the safety and wellbeing of

Child/Student's name: _____

Does this child/student have a sibling attending the same school, including the mainstream school setting? Yes No N/A

I certify that the information contained in this application is correct and I undertake to advise the Director/Principal immediately if circumstances change (eg: the child/student leaves school/changes preschool/school or changes address).

I understand that information recorded on this form will only be accessed by relevant school or corporate DECD personnel to undertake administrative and student care responsibilities, including the provision of services and financial allocations. I understand that it will also be used to create necessary statistical information for state and local area enrolment projections, forward planning of educational facilities, and analyses of the composition and performance of the student population. I understand that the disclosure of personal information held by the Government is regulated by the Information Privacy Principles (Department of Premier and Cabinet Circular No. 12), and personal information will only be disclosed to State and Commonwealth public sector agencies for the stated purposes as permitted by those Principles. I understand that the Department will not otherwise disclose the information to others without consent.

Name of parent/carer: _____ Signature: _____ Date: ___ / ___ / ___

For direct assistance (taxi/bus/access vehicle) requests:

I will be responsible for providing and installing (including removal) an approved AS/NZS 1754 car seat/booster seat or harness suitable for my child's age, height and weight and ensure my child is secure in his/her seat. I understand the car seat/booster seat will be stored at the school site during school hours and school staff will responsible for ensuring my child is secured in their appropriate seat.

I agree to ensure that a responsible adult will be present at all pre-arranged collection and drop off times (allowing an additional 15 minutes for transport conditions), in accordance with the requirements of this application.

I acknowledge and agree to adhere to the protocols as outlined in the Students with Disability – Transport Assistance Program (taxi/bus) Information for parents and carers' brochure.

Name of parent/carer: _____ Signature: _____ Date: ___ / ___ / ___

Failure to sign the form or the making of unauthorised amendments will cancel this request.

COMMENTS: (further information to support the application)

6a. PARENT 2/LEGAL GUARDIAN 2 (Birth/Adoptive/Legal Guardian):

Surname /Family Name:	<input type="text"/>	First Name:	<input type="text"/>
Relationship to Student:	<input type="text"/>	Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
Residential Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
P/G 2 phone nos:	<input type="text"/>	Mobile:	<input type="text"/>
		Emergency:	<input type="text"/>
Postal Address:	<input type="text"/>		Postcode: <input type="text"/>
Email Address P/G 2:	<input type="text"/>		

6b. PARENT/CARER 2 DECLARATION AND CONSENT:

In the event of a medical emergency or behavioural problems during transport, I consent to the provider taking whatever appropriate action in consultation with the Department for Education and Child Development to facilitate the safety and wellbeing of

Child/Student's name: _____

Does this child/student have a sibling attending the same school, including the mainstream school setting? Yes No N/A

I certify that the information contained in this application is correct and I undertake to advise the Principal/Director immediately if circumstances change (eg: the child/student leaves school/changes preschool/school or changes address).

I understand that information recorded on this form will only be accessed by relevant school or corporate DECD personnel to undertake administrative and student care responsibilities, including the provision of services and financial allocations. I understand that it will also be used to create necessary statistical information for state and local area enrolment projections, forward planning of educational facilities, and analyses of the composition and performance of the student population. I understand that the disclosure of personal information held by the Government is regulated by the Information Privacy Principles (Department of Premier and Cabinet Circular No. 12), and personal information will only be disclosed to State and Commonwealth public sector agencies for the stated purposes as permitted by those Principles. I understand that the Department will not otherwise disclose the information to others without consent.

Name of parent/carer: _____ Signature: _____ Date: ___ / ___ / ___

For direct assistance (taxi/bus/access vehicle) requests:

I will be responsible for providing and installing (including removal) an approved AS/NZS 1754 car seat/booster seat or harness suitable for my child's age, height and weight and ensure my child is secure in his/her seat. I understand the car seat/booster seat will be stored at the school site during school hours and school staff will responsible for ensuring my child is secured in their appropriate seat.

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I acknowledge and agree to adhere to the protocols as outlined in the Students with Disability – Transport Assistance Program (taxi/bus) Information for parents and carers' brochure.

Name of parent/carer: _____ Signature: _____ Date: ___ / ___ / ___

Failure to sign the form or the making of unauthorised amendments will cancel this request.

COMMENTS: (further information to support the application)

TO BE COMPLETED BY SCHOOL DIRECTOR/PRINCIPAL

If student ED ID is not completed this application cannot be activated.

Partnership		FTE	.	ED ID																
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PRESENT SITE:

Have parents/carers been advised about public transport training for secondary students? Yes No N/A

Has the child/student been identified as a student with disability as required by the Children and Students with Disability Policy? Yes No Census Year Impairment

Has the child/student a Health Support Plan? Yes No

If yes, please state medical need. _____

Has the child/student been through a DECD placement process with the listed school identified as the closest appropriate Special Option? Yes No

Can the student travel safely in a bus, taxi or access cab without adult supervision? Yes No N/A (under 6 years)

Name of recommending Director/Principal: _____

Signature: _____ Date: / /

School: _____

FOR TRANSITIONING CHILDREN/STUDENTS: e.g. new site / Preschool to Primary /Primary School to Secondary School

Has the school enrolment form been completed? Yes No

If no, please state reason: _____

Name of Principal: _____

Signature: _____ Date: / /

School: _____

COMMENT:

Please Note: To avoid unnecessary delays in processing, please ensure the application has been completed correctly before forwarding to DECD Transport Assistance. Incomplete forms will be returned to the site for completion. Application will be returned if NDIS evidence not included with this application. Both parents and, if applicable the Child Protection case worker to complete, sign and acknowledge sections 5 and 6; additional page may be required.

FOR ASSESSMENT, RETURN APPLICATION TO:	
Senior Transport Officer Disability, Policy and Programs Department for Education and Child Development	Email: DECD.SWDTransport@sa.gov.au Courier: R11/02B

OFFICE USE ONLY

Approved/Not approved _____ Date: / /
Comment _____

Approval details _____
Approval / NDIS Expiry Date: / /

