

2018 NEW Request for Special Needs Transport

This form needs to be completed for any student requesting special needs transport for the first time. All sections of this request are to be completed. **Incomplete requests will not be processed.**

Allow up to 7 working days from receipt of application by the Transport Services

PART A: to be completed by parent / carer.

Child's Surname	Child's Given Name	Date Of Birth	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Parent/ Carer Name/s				
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Carer E-Mail Address				
Home Address (Child's Residence)				
Phone (Business Hours)	Phone (After Hours)	Mobile		
Additional Nominated Responsible Persons - A responsible and competent person (18 years or older, or a person with the consent of the parent/ carer of the child) is at the drop off location at the designated time to meet the child.				
NAME	Relationship to Child	Contact phone number		

Request for Transport Details (please fill in for all days of the week required, morning and afternoon)				
AM	Pick Up Address	School Start Time	Pick Up Time (Office Use Only)	Name of School for Drop Off
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
PM	Name of School for Pick Up	School Finish Time	Pick Up Time (Office Use Only)	Drop Off Address
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

ADDITIONAL INFORMATION (School/parent to provide) THIS SECTION MUST BE COMPLETED - provide details and attach All relevant plans)

In order for the transport provider to transport your child safely, supply details regarding student's disability, medical needs, allergies and behaviour needs

Describe any triggers or warning signs of each condition.

Does the student have the ability to negotiate stairs? **YES / NO** (please circle)

Does the student require a wheelchair. or walking frame? **YES / NO** (please circle)

If yes, type of Wheelchair:- ELECTRIC ☐ MANUAL ☐ FOLDING ☐ or WALKING FRAME ☐

Is an approved child restraint required for the student to travel **YES / NO** (please circle)

Does the student require: Belt Buckle Cover ☐ Prescribed Harness ☐
(A doctors letter supporting this requirement must be carried in the vehicle)

Is there any additional information regarding the students travel abilities?

Are there other school aged children in your care enrolled at a Government or Non-Government School?

☐ YES ☐ NO If yes, please provide the following details

Other Students Name/s	Age	School Enrolled	School Times	How do these students travel to school

Requested Date to Commence _____ Date Service is to Finish _____

Declaration

I (parent/carer) _____ agree that should my request for transport assistance be approved, that I or a designated responsible person, listed above, will be present to ensure the child is placed on the transport provided from the designated pick up location and/or is available to collect the child from their designated drop off location.

I understand that students are picked up and/or dropped off door to door where possible and that all travel services will depend on accessibility of the home. If the students address is not suitable for bus access another pickup/drop off location close to the students address may be advised. In some circumstances students may be required to be picked up and/or dropped off at designated group locations..

I have been provided with a copy of the **Transport for Students with Special needs Policy and Guidelines** and a copy of the **Frequently Asked Questions**.

Signed (parent/carer)

Date

School Details (School to complete)

School Enrolled _____

School Start Time _____

Finish Time _____

Business Phone No _____

After Hours No _____

School Contact Person _____

E-Mail Address _____

Emailed by _____

Date _____

Forwarded to SSS ☐

Year of Schooling (Please circle relevant year)

Transition	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12
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Please indicate students level of disability and support required while travelling

Level 1 - Minimal <input type="checkbox"/>	Level 2 - Moderate <input type="checkbox"/>	Level 3 - Major <input type="checkbox"/>	Level 4 - Intensive <input type="checkbox"/>
Occasional, infrequent	Often, some	Significant, frequent	Constant monitoring

School Support Services (SSS) Transport Approval

Identified Special Needs _____

Special Transport Needs _____

Date Received at SSS _____ By _____

Approved / Not Approved (please circle)

Date _____ Authorised Officer _____

Forwarded to PTD ☐

Department of Infrastructure, Planning and Logistics (DoIPL)

Date Received from SSS _____ Name of Receiving Officer _____

Transport Confirmed **YES/NO** Transport Waitlisted **YES/NO** Date _____

Transport Provider _____

School Notified ☐ Entered on Database ☐

Authorising Officer _____ Date _____

Listed below are the procedures when applying for assisted transport for a child with a disability:

- The Parent/ carer to complete a **NEW Request for Transport** form and send to the school.
- The school forwards the **NEW Request for Transport** form to the School Support Services for disability eligibility verification.
- School Support Services forwards the approved **NEW Request for Transport** form to the Department of Infrastructure, Planning and Logistics.
- Department of Infrastructure, Planning and Logistics notifies the relevant transport provider of request.
- Transport provider confirms with the Department of Infrastructure, Planning and Logistics whether the requested transport can be provided.
- Department of Infrastructure, Planning and Logistics advises school and School Support Services of outcome.
- School advises parent/ carer of outcome.
- Any changes need to be requested by completing a **Change Request for Transport** form and sending to the school.

Allow up to 7 working days from receipt of application by the Department of Infrastructure, Planning and Logistics for reply back to the school and School Support Services.

PART B: to be completed by school Principal

Assessment for Special Needs Transport Eligibility – Principal Checklist

*Students must meet all listed criteria to be eligible for Special Needs Transport or have mitigating circumstance to be assessed on a case-by-case basis.

Eligibility Criteria - Students		
<input type="checkbox"/>	Student is a permanent resident of the NT	Home Address:
<input type="checkbox"/>	Student has an identified disability enrolled in a primary, middle or secondary Special School/Centre or requires assisted travel	Please Specify:
<input type="checkbox"/>	Student is enrolled in closest appropriate government school to their home	School:
<input type="checkbox"/>	Student is unable to or does not currently travel to/from school independently.	
Mitigating Circumstances		
<input type="checkbox"/>	Mitigating circumstances fall outside of the eligibility criteria that impact the student getting to/from school	Please specify:

Recommendation by Principal or School Delegate

<input type="checkbox"/>	I certify that the information provided by the parent/carer is true and accurate to the best of my knowledge.
<input type="checkbox"/>	All relevant supporting documents have been completed and are attached.
<input type="checkbox"/>	I recommend the provision of Special Needs Transport for this student.
<input type="checkbox"/>	Current Student Profile and/or medical care plans attached to application.
<input type="checkbox"/>	Impact of the disability on transport needs is clear for drivers and care assistants

Principal/Delegate

Name: _____ Signature: _____ Date: / /

Office Use Only	
<input type="checkbox"/> Special Needs Transport approved	<input type="checkbox"/> Student on wait list
<input type="checkbox"/> School notified	<input type="checkbox"/> Parent notified
<input type="checkbox"/> Route number	<input type="checkbox"/> Commencement date
<input type="checkbox"/> Special Needs Transport not approved	<input type="checkbox"/> Meets criteria
<input type="checkbox"/> Student lives within the identified catchment area	
<input type="checkbox"/> Student lives at least 500m from the school	