

# **Bus Travel Assistance Application**

English as an additional language or dialect (EAL/D) students

#### **General instructions**

- (1) This form is to be used when applying for transport assistance for English as an additional language or dialect (EAL/D) students. It is to be certified and submitted by the Principal Advisor Education Services (PAES) or delegate.
- (2) EAL/D students are eligible for transport assistance to their approved intensive language unit (ILU), irrespective of distance.
- (3) Assistance is limited to a maximum period of 12 months from the initial date of enrolment in an approved ILU.
- (4) Principals have authority to grant a six month extension to a student's travel if required (refer section C).
- (5) A separate application must be completed for each student.
- (6) A new application must be completed when a student changes school or address.
- (7) Please print clearly and tick ( $\checkmark$ ) where appropriate.
- (8) Failure to complete all details will delay the issue of a travel pass.

## Section A - Parent/guardian to complete

### Information for parent/guardian

This application can take up to 10 working days to process, or longer if the form is not completed correctly. You will have to pay the full cost of travel until approval is given. These costs are not refundable.

Student identification is required to collect travel passes.

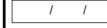
At the end of a student's 12 month period of assistance, principals may grant an extra six months of travel assistance if it is considered the student requires continued attendance at the ILU.

When the student is no longer eligible for assistance under EAL/D guidelines, they can apply for assistance under the School Transport Assistance Scheme. Forms are available from your local transport provider or online at www.translink.com.au

| Parent/guardian details<br>Title - please tick (✓) Mr Mrs Ms Miss<br>Family name<br>Given name/s | Date          /       /         Section B - Principal/Head of Special         Education Services to complete         Student details         |
|--|--|
| Permanent residential address  | Family name  |
| Postcode<br>Postal address (if same write 'as above')  | Given name/s   |
|  | Other names this student goes by   |
| Postcode   |  |
| Home phone number Work phone number  | Department of Education enrolment number   |
|  |  |
| Reason for making this application New application Change of school Previous school attended     | Year (grade) Date of birth Male Female / / Name of the nearest ILU to student's residence What school/program will the student be attending? |

|                         | STIMS:              |
|-------------------------|---------------------|
| First date of enrolment | at the above school |
| / /                     |                     |
| Change of address       |                     |

Last date at the address above



Previous address

### Parent/quardian certification

I certify that the information provided is true and correct.

I understand that assistance is limited to a maximum period of 12 months from the initial date of enrolment in an approved ILU.

I understand that I am required to complete within seven days a new application should there be any change in the information contained in this application. It is further understood that the Department of Transport and Main Roads (TMR) reserve the right to withdraw travel assistance and recover monies paid if investigations show the student/s to be ineligible. I understand that persons who intentionally provide false information to obtain a benefit may be liable to a fine under section 149(3) of the Transport Operations (Passenger Transport) Act 1994.

By signing the certification below, I also acknowledge that I am authorising TMR to obtain direct from the Department of Education any updated student details, as well as the student identification number for any student listed on this form who attends a state school.

Parent/guardian signature

| Bus Travel Assistance Application (English as an additional lan   | guage or dialect (EAL/D) students) continued page 2 of 2  |
|---|---|
| First date of enrolment in this school/program / /  | Please return this completed application form to the TransLink Regional Office in your area   |
| First date of enrolment in an ILU   |   |
|   | Privacy statement: TMR collects the information on this form as authorised  |
| What days will the student require transport assistance to attend this program? (tick ( $\checkmark$ ) the days and whether am or pm) | under the Transport Operations (Passenger Transport) Act for the<br>purpose of assessing eligibility for assistance under the School Transport<br>Assistance Scheme. These details are accessible by authorised TMR staff |
| Mon Tues Wed Thurs Fri Total no. Total no.  | and may also be provided to bus operators and Department of Education<br>staff as required. Your personal details will not be disclosed by TMR to any   |
| am pm                     | other third party without your consent unless required to do so by law or for the purpose of Information Standard 42. Some of your child's personal   |
|   | information including name and school may appear on a bus pass created<br>and issued at the request and discretion of the relevant bus operator.  |
| Name of bus company   | Student's name  |
|   |   |
| Principal/Head of Special Education Services I certify that the information provided is true and correct.                             | Office use only   |
| Signature   | Approved Local bus operator advised   |
|   | Start date Route number   |
| Date  | / / am pm   |
|   | Finish date Section number/zones  |
| Name  | / / am<br>pm  |
|   | End date 12 month enrolment   |
| Name of school/program  |   |
|   | Not approved  |
| Contact phone number Fax number   | Reason and action taken   |
|   |   |
| Section C - Approval of six month extension to travel assistance  |   |
| Principal to complete   |   |
| This section is to be completed by the principal to approve an  | Six month extension: Approved Not approved  |
| extension of an additional six months travel assistance under EAL/D provisions.   |   |
| Student details   | End date six month extension  |
| Family name   |   |
|   | Approving officer's certification I have assessed this application in accordance with approved  |
| Given name/s  | school transport policies and procedures and certify that the   |
|   | student is entitled to the level of assistance granted.   |
| Other names this student goes by  | Approving officer's signature   |
|   |   |
| Department of Education enrolment number  | Date  |
|   |   |
| Name of school/program this student is attending  | Input officer's certification   |
| Principal's certification   | I have reviewed travel details on the application with details recorded in STIMS and confirm the student is not receiving   |
| I certify that this student requires an additional six months of  | assistance for the same journey/s approved on this application.<br>Appropriate details have been accurately recorded in   |
| travel assistance as allowed under EAL/D transport provisions.  | accordance with the STIMS user manual.  |
| Principal's name  | Input officer's signature   |
| Principal's signature   |   |
|   | Date  |
|   |   |
| Date  |   |
| · · ·   | Page 2 of 2 LTSR Forms Area Form F4180 V01 Aug 2023   |