



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 (✓) 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

Title - please tick (✓) Mr Mrs Ms Miss

Family name

Given name/s

Permanent residential address

Postcode

Postal address (if same write 'as above')

Postcode

Home phone number

Work phone number

Reason for making this application

New application

Change of school

Previous school attended

STIMS:

First date of enrolment at the above school

Change of address

Previous address

Last date at the address above

Parent/guardian 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

Date

Section B - Principal/Head of Special Education Services to complete

Student details

Family name

Given name/s

Other names this student goes by

Department of Education enrolment number

Year (grade) Date of birth

Male Female

Name of the nearest ILU to student's residence

What school/program will the student be attending?

First date of enrolment in this school/program

 /  / 

First date of enrolment in an ILU

 /  / 

What days will the student require transport assistance to attend this program? (tick (✓) the days and whether am or pm)

Mon		Tues		Wed		Thurs		Fri		Total no. of days - <b>am</b>	Total no. of days - <b>pm</b>
am	pm	am	pm	am	pm	am	pm	am	pm		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Name of bus company

**Principal/Head of Special Education Services**

I certify that the information provided is true and correct.

Signature

Date

 /  / 

Name

Name of school/program

Contact phone number

Fax number

**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 extension of an additional six months travel assistance under EAL/D provisions.

**Student details**

Family name

Given name/s

Other names this student goes by

Department of Education enrolment number

Name of school/program this student is attending

**Principal's certification**

I certify that this student requires an additional six months of travel assistance as allowed under EAL/D transport provisions.

Principal's name

Principal's signature

Date

 /  / 

**Please return this completed application form to the TransLink Regional Office in your area**

**Privacy statement:** TMR collects the information on this form as authorised under the Transport Operations (Passenger Transport) Act for the purpose of assessing eligibility for assistance under the School Transport Assistance Scheme. These details are accessible by authorised TMR staff and may also be provided to bus operators and Department of Education staff as required. Your personal details will not be disclosed by TMR to any 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 and issued at the request and discretion of the relevant bus operator.

Student's name

**Office use only**

Approved  Local bus operator advised

Start date

 /  /  am  
pm

Route number

Finish date

 /  /  am  
pm

Section number/zones

End date 12 month enrolment

 /  / 

Not approved

Reason and action taken

  
  
  


Six month extension: Approved  Not approved

End date six month extension

 /  / 

**Approving officer's certification**

I have assessed this application in accordance with approved school transport policies and procedures and certify that the student is entitled to the level of assistance granted.

Approving officer's signature

Date

 /  / 

**Input officer's certification**

I have reviewed travel details on the application with details recorded in STIMS and confirm the student is not receiving assistance for the same journey/s approved on this application. Appropriate details have been accurately recorded in accordance with the STIMS user manual.

Input officer's signature

Date

 /  /