

## **Travel Assistance Application (TransLink)**

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

#### **General instructions**

- This form is to be used when applying for transport 1. 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.
- EAL/D students are eligible for transport assistance to their 2 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.
- A new application must be completed when a student 6.
- changes school or address. Please print clearly and tick ☑ where appropriate. 7.
- 8 Failure to complete all details will delay the issue of a travel pass.
- 9. For assistance in completing this form please contact (07) 3813 8613.

#### Section A - Parent/guardian to complete

#### Information for parent/guardian

This application can take up to 10 working days to process, or longer is the form is not completed correctly.

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.

#### ... Ρ

Parent/guardian details	
Fitle - please tick ☑ Mr 📄 Mrs 📄 Ms 📄 Miss 📄	
Family name	Section B - Principal Advisor, Education
	Services (PAES) or delegate
Given name/s	Student details
	Family name
Principal place of residence	
	Given name/s
Postcode	
Postal address (if same write 'as above')	Other names this student goes by
	Denertment of Education envelopment number
Postcode	Department of Education enrolment number
Home phone number Work phone number	
	Male Female Year (grade) Date of birth
Reason for making this application	
New application Change of school	Name of the nearest ILU to student's residence
Previous school attended	
	What school/program will the student be attending?
First date of enrolment at the above school	
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Change of address

Previous address

Last date at the address above

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### Parent/guardian certification

I certify that the information provided is true and correct.

STIMS:

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 a new application within seven days should there be any change in the information contained in this application. I understand that if a student loses their pass a new one can be obtained for a fee. It is further understood that the Department of Transport and Main Roads (TMR) reserves 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.

In order to assess an applicant's ongoing entitlement to assistance, TMR will verify the student's personal details with the school attended and schools will disclose to TMR updated information for that purpose. By signing the certification below, I am authorising this exchange of information between TMR and schools.

Parent/guardian signature

Date

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First date of enrolment in this sch	nool/program	Please return this completed form to:
1 1		Department of Transport and Main Roads
First date of enrolment in an ILU		Translink Division
		PO Box 630
/ /		BOOVAL FAIR QLD 4304
Date from which transport assista	ance is needed	Fax: 07 2139 5082
/ /		Drivery statement: TMD collects the information on the form on each priced under
Temporary pass number		<b>Privacy statement:</b> TMR collects the information on the 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 department staff and may also be provided to Queensland Rail, TransLink and the Department of Education staff as required.
TransLink zones travelled (for ex	ample, zone 1 to zone 5)	Your and the student's 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
Zone Zone		of the Information Privacy Act 2009. Some of the student's personal identification
to		including name, school and current year level may appear on a travel pass created and issued at the request and discretion of Translink.
Principal Advisor, Educatio	n Services (PAES) or	
delegate	<b>X Y</b>	Student's name
I certify that the information provi	ided is true and correct.	
Signature		
		Departmental use only
		Approved
Date		Start date Finish date
/ /		
Name		
		End date 12 month enrolment
Name of school/program		Route number Zones
Contact phone number	Facsimile number	Zone to Zone
· · · · · · · · · · · · · · · · · · ·		Number of zones Pass sent
Section C - Approval of s	six month extension to	
travel assistance		Not approved
Principal to complete		Reason and action taken
This section is to be completed b	by the principal to approve an	
extension of an additional six mo		
EAL/D provisions.		Six month extension: Approved Not approved
Student details		End date six month extension
Family name		
Given name/s		Approving officer's certification
		I have assessed this application in accordance with approved
Other names this student gass h	]	school transport policies and procedures and certify that the student is entitled to the level of assistance granted.
Other names this student goes b	<b>y</b>	Officer's signature
Department of Education enrolm	ent 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
I certify that this student requires		recorded in STIMS and confirm the student is not receiving assistance for the same journey/s approved on this application.
travel assistance as allowed und	er EAL/D transport provisions.	Appropriate details have been accurately recorded in
Principal's name		accordance with the STIMS user manual.
		Officer's signature
Principal's signature		
		Date
Date	,	
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