



DTMR Code

SN

The information on
the tear off page
must be read before
completing this
form.

TMR use only
STIMS:

Section A - to be completed by parent/guardian

1 Parent/guardian details - Application must be in the name of the concession card holder*

*Where the student has a card in their own name, the parent/guardian should apply as the applicant but the person whose signature appears on the card must sign the cardholder certification at question 5.

Only the parent/guardian shown here will be able to alter or amend details for students listed in this application.

| | | |
|----------------------|----------------------|----------------------|
| Title | Family name | Given name/s |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Your principal place of residence (include property name and rural number if applicable)

| |
|----------------------|
| <input type="text"/> |
| Postcode |

Please also provide your registered plan and lot number. This information is needed to assess eligibility.

| | |
|----------------------|------------------------------------|
| Lot number | Registered plan/Survey plan number |
| <input type="text"/> | <input type="text"/> |

Note: The above information is needed to assess eligibility for assistance. If you do not provide all information, it may delay approval for transport assistance. Your registered plan and lot number can be found on your rates notice. Alternatively you can phone your local council and ask for this information or log onto www.information.qld.gov.au. More information about this website is on this form under **Applying for safety-net assistance**.

Postal address Please tick if the same as above ☐

| |
|----------------------|
| <input type="text"/> |
|----------------------|

| | | |
|-----------------------|-----------------------|-------------------------|
| Home telephone number | Work telephone number | Mobile telephone number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| |
|----------------------|
| Email address |
| <input type="text"/> |

IMPORTANT: For fast processing, these details should be the same as those held by the student's school.

2 Reason for making this application

New application ☐

Change of school ☐ Name of previous school attended Last date of enrolment

Change of address ☐ Previous residential address Last date at that address

Change of government assistance ☐ Previous assistance type (for example, Health Care Card) Date of change

Other ☐ Please provide details Date of change

It is important to advise the school of any change of address. If you don't it may affect your assistance.

3 Distance to nearest school by the shortest trafficable route

Please tick (✓) what type of school/s the student/s attend and complete the appropriate section/s below

- | | | |
|---------------------|--------------------------|---|
| State primary | <input type="checkbox"/> | Please complete section A below |
| Non-state primary | <input type="checkbox"/> | Please complete section A and B below |
| State secondary | <input type="checkbox"/> | Please complete section C below (include any state senior colleges) |
| Non-state secondary | <input type="checkbox"/> | Please complete section C and D below |

| Section | Type of school | Name of nearest school to your house | Distance (one way) |
|---------|------------------------------|--------------------------------------|--------------------|
| A | Nearest state primary | <input type="text"/> | km |
| B | Nearest non-state primary* | <input type="text"/> | km |
| C | Nearest state secondary | <input type="text"/> | km |
| D | Nearest non-state secondary* | <input type="text"/> | km |

*of the type attended.

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|--------------|---------|------|----------|
| Verification | | Date | Initials |
| Map info | On road | | |
| km | km | / / | |
| km | km | / / | |
| km | km | / / | |
| km | km | / / | |

Bus Travel Assistance Safety-Net Application continued...

4 Names of students applying for bus travel assistance

IMPORTANT: Student details must match records held by school attended.

| Family name | Given name (as shown on card) | Other initials | Male/ Female (M/F) | Year (grade) | Date of birth | Name of the school they attend | Distance to this school* |
|-------------|----------------------------------|----------------|--------------------------|-----------------|------------------|-----------------------------------|--------------------------------|
| 1. | | | | | / / | | km |
| 2. | | | | | / / | | km |
| 3. | | | | | / / | | km |
| 4. | | | | | / / | | km |

*refer to point 4 under Eligibility section on tear off page for details on measuring

5 Government assistance details

Please provide details of the assistance type held by the applicant. Each student's individual reference number must be provided as well as the applicant's card number. If the student has a card in their own name and the parent/guardian has a card that also lists that student, please submit the application under the parent/guardian's concession card.

You MUST supply a photocopy of current documentary evidence with your application (refer section C).

If you don't it may delay approval of your assistance.

Assistance type* HCC - Health Care Card

PCC - Pensioner Concession Card

VA - Veterans' Affairs Pensioner Concession Card

CPO - Child Protection Order

| Cardholder's name (as shown on card) | Assistance type* (please tick ✓) | CRN/Entitlement number (Not needed for Child Protection Order) | Expiry date |
|---|--|--|-------------|
| | HCC <input type="checkbox"/> PCC <input type="checkbox"/> VA <input type="checkbox"/> CPO <input type="checkbox"/> | | |

| Student's name (as shown on card) | Assistance type* (please tick ✓) | CRN/Entitlement number (Not needed for Child Protection Order) | Expiry date |
|--------------------------------------|--|--|-------------|
| 1. | HCC <input type="checkbox"/> PCC <input type="checkbox"/> VA <input type="checkbox"/> CPO <input type="checkbox"/> | | |
| 2. | HCC <input type="checkbox"/> PCC <input type="checkbox"/> VA <input type="checkbox"/> CPO <input type="checkbox"/> | | |
| 3. | HCC <input type="checkbox"/> PCC <input type="checkbox"/> VA <input type="checkbox"/> CPO <input type="checkbox"/> | | |
| 4. | HCC <input type="checkbox"/> PCC <input type="checkbox"/> VA <input type="checkbox"/> CPO <input type="checkbox"/> | | |

Cardholder certification - Must be signed by the cardholder

I authorise Centrelink to confirm with the Department of Transport and Main Roads the current status of my Commonwealth Benefit and other details as they pertain to my concessional entitlement. This involves electronically matching details I have provided to the Participant with Centrelink or Department of Veterans' Affairs (DVA) records to confirm whether or not I am currently receiving a Centrelink or DVA benefit.

I understand that this consent, once signed, is effective only for the period I am a customer of the department. I also understand that this consent, which is ongoing, can be revoked any time by giving notice to the department. I understand if I withdraw my consent, I will not be eligible for the assistance provided by the department. A brochure is available from Centrelink that provides more details about the Centrelink Confirmation eServices or on the website www.humanservices.gov.au.

Signature of cardholder

Date

| | |
|--|-----|
| | / / |
|--|-----|

6 On what days will the service be used?

(Please tick (✓) the days travelled specifying am/pm - actual times are not needed)

| Student's given name (as shown above) | First date of travel on this bus this year | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Total number of days (am) | Total number of days (pm) | Is more than one service used to get school? |
|---|--|--------|----|---------|----|-----------|----|----------|----|--------|----|------------------------------------|------------------------------------|---|
| | | am | pm | am | pm | am | pm | am | pm | am | pm | | | |
| 1. | / / | | | | | | | | | | | | | |
| 2. | / / | | | | | | | | | | | | | |
| 3. | / / | | | | | | | | | | | | | |
| 4. | / / | | | | | | | | | | | | | |

7 Names of other students already receiving, or applying for transport assistance

(including rail travel assistance, bus travel assistance and conveyance allowance). **Note:** Do not include students listed at question 4.

| Family name | Given name | Other initials | Date of birth | Name of the school they attend | Type of assistance you get for this student or type applied for |
|-------------|------------|----------------|------------------|--------------------------------|---|
| 1. | | | / / | | |
| 2. | | | / / | | |

Continued over page... TRB Forms Area Form F3058 CFD V01 Aug 2014

Bus Travel Assistance Safety-Net Application continued...**8 Certification by parent/guardian**

I certify that the above information provided is true and correct and I have read and agree to the conditions of travel as listed on the attachment of this application. 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. It is further understood that the department 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 \$6600 fine under Section 149 (3) of the *Transport Operations (Passenger Transport) Act 1994*.

In order to assess an applicant's ongoing entitlement to assistance, the department will verify student's personal details with the school attended and schools will disclose to the department updated information for that purpose.

By signing the certification below, I am authorising this exchange of information between the department and schools.

Signature

Date

Ensure that the certification at question 5 has also been signed by the cardholder.

Privacy statement: The department collects the information on this form as authorised under the *Transport Operations (Passenger Transport) Act* to assess eligibility for bus safety-net assistance. These details are accessible by authorised department staff and may also be provided to the bus operator, local conveyance committee and Department of Education, Training and Employment staff as required. Details on this form may also be given to Centrelink, the Department of Veterans' Affairs and Child Safety as required. Your and the student's personal details will not be disclosed by the department to any other third party without your consent unless required to do so by law or for the purpose of *Information Privacy Act 2009*. Some of the student's personal information including name, school and current year level may appear on a bus pass created and issued at the request and discretion of the relevant bus operator.

Please give this completed application form to the operator providing the transport.

Section B - to be completed by the bus operator

Operator's name

Route number

Fares-based service operators to complete Note - Excess fares are to be paid directly to the operator.

| Student name | Fare for journey travelled | | | | TransLink Top Up Code | | Notes |
|--------------|----------------------------|--|--------|--|-----------------------|----------------|-------|
| | Single | | Weekly | | Level | Application ID | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |

Operator's certification

I certify that the information provided in section B of this form is true and correct. I also certify that subject to the above student/s meeting the eligibility criteria for safety-net, they qualify for assistance on my services in accordance with the School Transport Assistance Scheme. I understand that persons who intentionally provide false information to obtain a benefit may be liable to a \$6600 fine under Section 149 (3) of the *Transport Operations (Passenger Transport) Act*.

Signed

Date

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| Student's name | Data entry details | Initials | Approval | | Notes |
|----------------|--------------------|----------|----------|----|-------|
| | | | Yes | No | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

Approving officer's certification

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

Officer's signature

Date

Input officer's certification

I have reviewed travel details on this application with details recorded in STIMS and confirm the student/s is/are 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.

Officer's signature

Date entered



STUDENT DETAILS

1. Student First Name: _____ Surname: _____

2. Student First Name: _____ Surname: _____

3. Student First Name: _____ Surname: _____

4. Student First Name: _____ Surname: _____

EMERGENCY CONTACT INFORMATION

Primary Contact

Relationship to student: _____

First Name: _____ Surname: _____

Mobile: _____ Email: _____

Home Phone: _____ Work Ph: _____

Address: _____

Secondary Contact Relationship to student: _____

First Name: _____ Surname: _____

Mobile: _____ Email: _____

Home Phone: _____ Work Ph: _____

Address: _____

Other Contact

Relationship to student: _____

First Name: _____ Surname: _____

Mobile: _____ Email: _____

Home Phone: _____ Work Ph: _____

Address: _____

Section C - What supporting documentation do I need to supply?

NOTE: A copy of supporting documentary evidence must accompany this application. If you do not supply current documentary evidence, processing of this application will be delayed.

If the student has a card in their own name and the parent/guardian has a card that also lists that student, please submit the application under the parent/guardian's concession card.

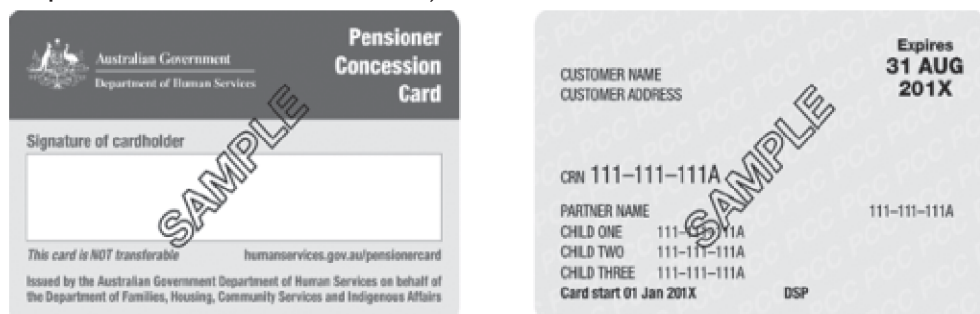
Health Care Card

You are required to supply your CRN number and the CRN of each dependant you are wanting assistance for. This information is obtained from your Health Care Card (issued by the Department of Human Services).



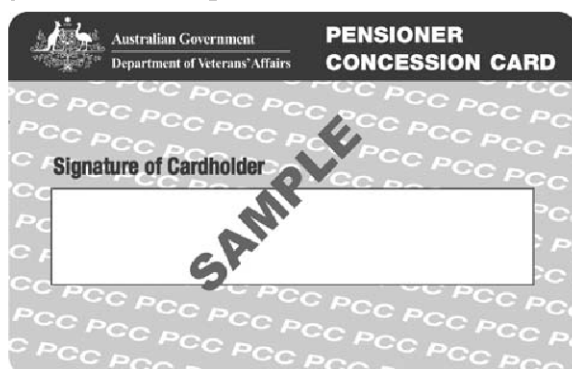
Pensioner Concession Card

You are required to supply your CRN number and the CRN of each dependant you are wanting assistance for. This information is obtained from your Pensioner Concession Card (issued by the Department of Human Services).



Veterans' Affairs Pensioner Concession Card

You are required to supply your entitlement number and the entitlement number of each dependant you are wanting assistance for. This information is obtained from your Veterans' Affairs Card.



Child Protection Order

You are required to supply a copy of the 'Authority to Care For a Child' document issued by the Department of Communities, Child Safety and Disability Services. No additional supporting documentation will be required.



The instructions must be read before completing this form.
Please remove this page and keep it for your records.

Applying for safety-net assistance

Complete this form if you wish to apply for safety-net bus travel assistance.

Fill in all questions on the form and attach your documentary evidence. If you do not it may delay the processing of your form.

You can log onto www.information.qld.gov.au and click on the image Queensland Atlas to access your lot and registration plan number. Once in the atlas, under the search tab on the left hand side of the screen at point 2 enter your address and click find. The lot and plan number will display at point 3. Alternatively, look at your rates notice or contact your local council to get your lot and plan number.

Return the completed form to your local bus operator. This must be done within seven days of the student starting to travel on the bus.

Parents/guardians will be required to pay the full cost of travel until approval is granted by the Department of Transport and Main Roads. These fares are not refundable.

You will be advised of the outcome of your application in writing.

Applications can only be accepted for the current school year.

If the student changes school or address during the year, or if the government assistance you receive changes, you will need to re-apply for assistance within seven days of the change occurring. You must also tell the department if the number of times the student catches the bus each week changes.

Eligibility This is only a brief summary. Contact your nearest office or go to www.translink.com.au/schooltransport for full details.

To be eligible for safety-net assistance the student must be listed as a dependant on the applicant's:

- * Health Care Card (issued by the Department of Human Services)
- * Pensioner Concession Card (issued by the Department of Human Services)
- * Department of Veterans' Affairs Pensioner Concession Card.

Students who have a card issued in their own name, as well as students under a Child Protection Order issued by the Department of Communities, Child Safety and Disability Services, may also qualify for safety-net assistance.

The following conditions also apply:

1. The student must not be in receipt of any other assistance from the School Transport Assistance Scheme.
2. Primary school students (years prep-6) must live 3.2 kilometres or less by the shortest trafficable route from the nearest state primary school or the nearest non-state school of the type attended.
3. Secondary school students (years 7-12) must live 4.8 kilometres or less by the shortest trafficable route from the nearest state secondary school or the nearest non-state school of the type attended.
4. Measuring: The distance from your residential property to the school is measured by the shortest trafficable route over roads open for public use. Distances are measured from the vehicle access point of your residential property alignment nearest to the school, to the closest entrance to the school. No measurements are made on private property. In calculating this distance the single journey is used. However, in cases where the distance to and from school varies because of different routes (for example, one way roads), the average distance is taken.
5. Students must be enrolled at an approved school.
6. School transport assistance is available from only one address. This address must be the principal place of residence of the student's parent or guardian. For students under shared guardianship, parents must decide from which address they will apply for assistance.
7. Students from overseas, interstate or on student exchange programs are not eligible to receive travel assistance.
8. Students attending TAFE colleges are not eligible to receive transport assistance.
9. Students are only eligible to receive assistance on the designated bus service for their area. Students living in an area serviced by a kilometre-based school bus service are not eligible for assistance on fares-based services.
10. Travel assistance is not available for travel to alternative addresses or for travel to more than one school facility.
11. In assessing eligibility of students, the minimum frequency of travel is 20%, that is, two trips per week.

The Department of Education, Training and Employment is responsible for transport assistance for students with a disability. Please discuss eligibility requirements and assistance types for these students with the school attended.

Level of assistance

The department will pay a maximum amount for eligible students direct to bus operators. Parents/guardians are responsible for the payment of any excess fares that apply above this amount.

Continued over page...

Bus passes

1. Where bus companies issue bus passes, the pass must be produced to the driver upon request.
2. Passes are not transferable.
3. Parents will be required to pay a replacement fee for lost passes.
4. Damaged passes will be replaced at a nominal fee provided the damaged pass is produced and identifiable.
5. When students cease using the bus service, passes must be returned to the bus company immediately.
6. Excess fares are to be paid directly to the transport operator.

Code of Conduct for school bus travel

The department has in place a Code of Conduct for School Students Travelling on Buses. The Code applies to all students attending primary and secondary school in Queensland who use buses either to travel to and from school or for other school-related activities such as excursions.

The Code sets out prescribed standards of behaviour and examples of how your child can meet these standards.

Brochures outlining the Code of Conduct and detailing students and parents' responsibilities are available from your local bus operator or nearest departmental office as listed below.

Change of circumstances

A new application form needs to be completed within seven days when a student changes school, address or government assistance.

Parents must notify the bus company and the department within seven days when a student no longer uses a particular service.

The department reserves the right to withdraw travel assistance and recover monies paid if investigations show the student to be ineligible. Persons who intentionally provide false information to obtain a benefit may be liable to a \$6600 fine under Section 149(3) of the *Transport Operations (Passenger Transport) Act 1994*.

Departmental offices

Please contact your nearest office for further information on the School Transport Assistance Scheme or log onto www.translink.com.au/schooltransport.

TransLink SEQ South

Southport

PO Box 10420
Southport BC Qld 4215
Phone: 5585 1857

Ipswich

PO Box 631
Ipswich Qld 4305
Phone: 3813 8613

TransLink SEQ North

Carseldine

PO Box 156
Zillmere Qld 4034
Phone: 3863 9849

Mooloolaba

PO Box 111
Mooloolaba Qld 4557
Phone: 5452 1800

TransLink Southern

Toowoomba (Darling Downs)

PO Box 629
Toowoomba Qld 4350
Phone: 4639 0727

Roma (South West)

PO Box 126
Roma Qld 4455
Phone: 4622 9509

Maryborough (Wide Bay Burnett)

PO Box 371
Maryborough Qld 4650
Phone: 4122 6115

TransLink Central

Mackay

PO Box 62
Mackay Qld 4740
Phone: 4951 8673

Rockhampton

PO Box 5096
Red Hill
Rockhampton Qld 4701
Phone: 4931 1539

TransLink Northern

Cairns

PO Box 6542
Cairns Qld 4870
Phone: 4045 7085

Townsville

PO Box 7466
Garbutt BC 4814
Phone: 4758 7544