

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.			/ /		

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 _____ / ____ / ____

TMR use only

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 _____

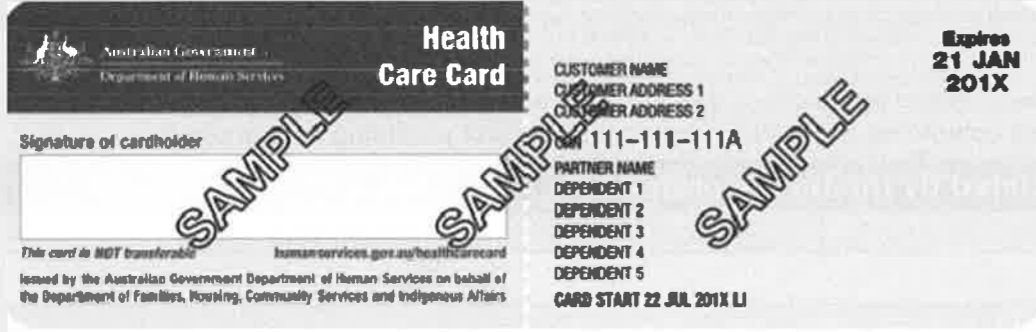
Date entered _____ / ____ / ____

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).



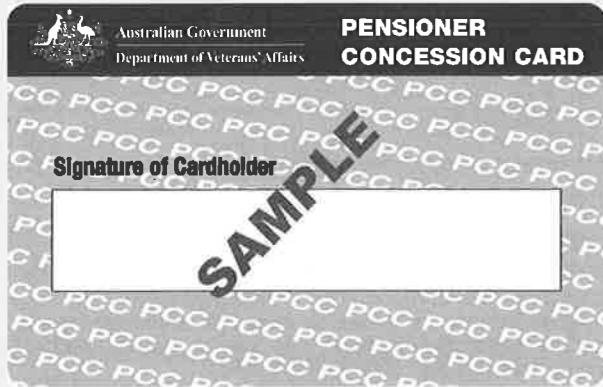
Pensioner Concession Card

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.

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

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

 Postcode

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

Home telephone number Work telephone number Mobile telephone number

Email address

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 Please complete section A below
- Non-state primary Please complete section A and B below
- State secondary Please complete section C below (include any state senior colleges)
- Non-state secondary 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

TMR use only			
Verification		Date	Initials
Map info	On road		
<input type="text"/>	<input type="text"/>	/ /	
<input type="text"/>	<input type="text"/>	/ /	
<input type="text"/>	<input type="text"/>	/ /	
<input type="text"/>	<input type="text"/>	/ /	

*of the type attended.