

Expression of interest and change request form for Eligible Service Providers

USE THIS FORM TO:

- Apply to become an Eligible Service Provider
- Make adjustments to transport areas, vehicle categories and run capacity for existing eligible service providers

About the Assisted School Travel Program

The NSW Department of Education's Assisted School Travel Program (ASTP) maintains an approved Eligible Service Providers (ESP) list to engage daily transport services for eligible students. The ASTP at its absolute discretion allocates Runs to approved ESPs on the ESP list.

To be on the ESP list, applicants must check the [transport area availability](#) which shows the demand for transport services across NSW. If there is an **open** or **limited** transport area, applicants can register their interest for that area by completing this Expression of Interest. Where there is an adequate supply of services for an area, no new applications will be considered.

If your application meets all the requirements and capabilities and is approved by the ASTP, you will be included on the ESP list, for consideration to service **one** run within the approved transport areas/category.

The department gives no guarantee that being added to the ESP list will result in the award of transport contracts.

Submitting this form

- Email completed form with supporting documents to businessassurance.astp@det.nsw.edu.au
- **Only complete applications sent by email will be considered**
- Expressions of interest are accepted twice a year – please refer to the [ASTP key dates](#)
- Once your application has been assessed, you will be notified by email of the outcome
- If submission occurs past the due date and your application still satisfies the appropriate requirements, it will be automatically considered for the next round
- If you have further questions about this form, please contact the ASTP Business Assurance team on businessassurance.astp@det.nsw.edu.au or call 1300 338 278.

Entity details

Title: _____ First name: _____ Last name: _____

Entity name: _____

Trading name: _____

ABN: _____ ACN: _____

Registered business address: _____

Suburb: _____ State: _____ Postcode: _____

Postal address (if different to above): _____

Suburb: _____ State: _____ Postcode: _____

Main phone number: _____ Other phone number: _____

Email: _____ Website: _____

Do you intend to subcontract this service? No Yes

If **yes**, you will be required to complete the application form to [subcontract transport services](#) and [subcontract legal contract template](#) and include them with your submission.

If registered with Australian Securities & Investments Commission please attach a [Current and historical company extract](#).

Transport areas and vehicle categories

Please indicate the transport areas and vehicle categories you wish to apply for by ticking the boxes below. Refer to the appendix for more information about seating capacity.

If you are expressing an interest to change increase your current arrangement please select **A** (add) or **R** (remove) when requesting changes to the respective transport areas and vehicle categories.

Transport area	Sedan	People mover	Mini Bus	Maxi Bus	Wheelchair 1-3	Wheelchair 4+
Albury						
Armidale						
Bankstown						

Transport area	Sedan	People mover	Mini Bus	Maxi Bus	Wheelchair 1-3	Wheelchair 4+
Batemans Bay						
Bathurst						
Blacktown						
Bondi						
Bourke						
Broken Hill						
Campbelltown						
Central Coast						
Clarence/Coffs Harbour						
Deniliquin						
Dubbo						
Fairfield						
Granville						
Griffith						
Hornsby						
Lake Macquarie						
Lismore						
Liverpool						
Maitland						
Moree						
Mount Druitt						
Muswellbrook						
Newcastle						
Northern Beaches						
Orange						
Parramatta						
Penrith						
Port Jackson						
Port Macquarie						
Queanbeyan						
Ryde						
Shellharbour						
St George						
Sutherland						
Tamworth						
Taree						
Tweed Heads/Ballina						
Wagga Wagga						
Windsor						
Wollongong						

Checklist for mandatory requirements

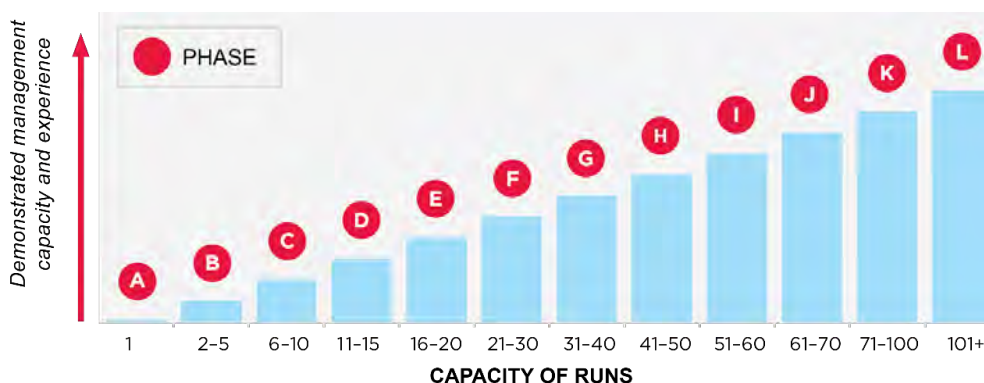
To be considered for the ESP list, you must comply with the [Contract Agreement](#) and meet certain departmental and legislative requirements. Please read the relevant [Contract Agreement clauses](#) listed in the table below and ensure you fulfil the necessary requirements before ticking the boxes. 'All vehicles' refers to the vehicle offered for use to deliver assisted school travel services.

Yes	Checklist	Clause
	Reliable communication facilities (e.g. mobile phone, email, internet)	9
	Drivers have good English language skills	9
	All vehicles intended for use under the Program that meet the Road Transport (General) Regulation 2013 and Technical Specification 142 requirements are fitted with appropriate warning signs	10
	Drivers have a current full driver licence for the nominated vehicle category	10
	All vehicles are not more than 15 years old	10
	All vehicles are maintained in a hygienic, safe and good working order to the satisfaction of the department and in accordance with the requirements of Transport for NSW	10
	All vehicles have locking devices fitted to external doors	10
	All sedan vehicles have a minimum of four working doors	10
	All vehicles are fitted with restraints that comply with Australian Standards and Design Rules	10
	All vehicles are fitted with a fully operating air conditioning system that is regularly maintained	10
	All modified vehicles have current engineering certificates	10
	All vehicles have appropriate "business use" registration, if required by RMS, in the State or Territory where the vehicle is garaged, the only exception is Hand registration	10
	All personnel pass child protection clearances and approval requirements, and must consent to and authorise the Roads and Maritime Services to disclose to the department driver licence details	12
	The entity holds an ABN	17
	The entity complies with Workplace Health and Safety (WHS) statutory obligations and agrees to continue to do so for the term of any agreement awarded	19
	All vehicles are covered by 'business use' comprehensive motor vehicle insurance	22
	Public liability insurance to the value of \$20 million (including any subcontractors)	22
	Workers compensation insurance for all employees (including any subcontractors)	22

Run capacity phases

Run capacity is managed in phases. A contractor or an ESP on the list must have solid experience at each phase before requesting to progress to the next phase. This can be achieved by demonstrating both the logistical and financial capacity to manage additional runs.

Please indicate the phase (A to L) you are seeking: _____



Management capacity

Please provide supporting documents detailing how you manage your business in the provision of assisted school travel services. The information provided will be used as the basis for your assessment. Include specific details of your processes and systems under the following headings:

1. Management systems – Include details of your management structure, staff roles and responsibilities, overall systems and processes you use in managing the delivery of transport services. Provide information on electronic data management systems, payroll systems and any details of how you will manage statutory and contractual compliance requirements of the *Contract Agreement*.

2. Communication systems – Include details of communication tools, channels, systems and strategies used for communicating with personnel (both internal and external) regarding assisted school travel services. Examples include mobile phone, intranet, company website, conference calls or video conferencing, instant messaging, face-to-face meetings, email, and staff training/presentations.

3. Fleet management – Include details of how you will acquire, maintain, manage vehicles used for these services, including management process for the replacement of vehicles when age limits are pending, availability of relief vehicles and maintaining compliance requirements.

4. Human resource management – Include details of how you engage and manage personnel to provide the services, including relief personnel and leave arrangements.

5. Subcontracting arrangements – If engaging subcontractors, include details of subcontractors and your strategies and arrangements for managing subcontractors.

Financial capacity

Please provide a current signed statement, on official letterhead, from a public practising accountant who has examined your financial records. This statement must report on your financial capacity to operate the number of transport runs that you are seeking. This statement should include a reference to your financial capacity to operate transport services, including financial ability to maintain vehicles, remunerate drivers and operate a business. The statement must also clearly state the number of transport vehicles and drivers that you intend to subcontract if any and the number of transport vehicles that, according to the accountant's opinion, you can operate. Additional financial information (including financial statements) may also be sought to assist with the assessment process.

SAMPLE ACCOUNTANT LETTER

Financial stability and capacity of: _____

I have examined the financial records of the subject organisation and the requirements of the NSW Department of Education in relation to the provision of services under the Assisted School Travel Program.

I confirm that the subject organisation has the financial capacity and capability to service the Contract Agreement, e.g. cover previous month's expenses, remunerate drivers, maintain vehicles, etc.

The subject organisation has advised me that it intends to subcontract _____ vehicles and _____ drivers.

Taking into consideration the financial capacity of the organisation, and the need for the subject organisation to ensure compliance of, and remunerate, its drivers and subcontractors it is my opinion that the subject organisation has the capacity and capability to operate _____ vehicles.

Sincerely

Signature

Accountant name

Qualifications

Professional association membership

Vehicle details

Only complete this page if you are applying to become an Eligible Service Provider.

Please complete one row for each vehicle, including relief vehicles. All vehicles must be air-conditioned, no more than 15 years old, have current engineering certificates (if modified) and meet all other compliance requirements as communicated by the department from time to time. If you do not have the vehicle(s) at time of response submission leave out vehicle registration details, however, you **must** include details of the type of vehicle(s) you intend to acquire and how you intend to acquire them.

To be considered for a Run please complete two rows - one for your usual vehicle and one for your relief vehicle.

#	Vehicle usage (Primary or Relief)	Vehicle registration type (Business, Private or Hand)	Vehicle acquisition (financed, leased or owned)	Vehicle owner	Vehicle registration number	Year of vehicle manufacture	Vehicle make	Vehicle model	*Vehicle category Refer to the Appendix for more details.	Total number of seats (excluding driver)	Complete for wheelchair vehicles only		
											Total number of wheelchair capacity (1-3 or 4+)	Number of additional seats when wheelchair setup (excl. driver)	Number of regular seating when not wheelchair enabled (excl. driver)
1													
2													
3													
4													
5													

Driver details

Only complete this page if you are applying to become an Eligible Service Provider.

To be considered for a Run please complete two rows - one for your primary driver and one for your relief driver.

Run	Driver type	Driver last name	Driver first name	Former driver name (if applicable)	Date of birth	Is the driver a current ASTP approved driver?	If yes, which company was the driver employed with when approved by the ASTP?	Number of years providing service to the ASTP	Number of years providing similar service but not to the ASTP
A	Primary								
	Relief								
B	Primary								
	Relief								
C	Primary								
	Relief								
D	Primary								
	Relief								
E	Primary								
	Relief								

Subcontracting arrangements

Please provide details of subcontracting arrangements. The subcontract of any service can only be done to no more than one level and a subcontractor must be a registered business conducting transport services. Approval to subcontract must be sought by completing the [subcontract transport services form](#).

#	Subcontractor company name	Subcontractor ABN	Registered for GST (Yes or No)	Subcontractor contact name	Subcontractor contact phone number	Subcontractor business address	Details of the services to be subcontracted and the number of intended runs
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Additional information

Please describe your ability (skills and experience) to provide transport services or additional services to the ASTP. For instance, you may be an established transport company already providing services to community organisations or other government departments. How you intend to provide services in particular if the area selected is a distance.

Please supply two letters of reference(s):

Reference 1 Name: _____ Email: _____

Reference 2 Name: _____ Email: _____

Declaration

By signing this form, I hereby declare that:

- the information in this form and any attachments I have supplied are complete, true, correct and up to date
- I will not subcontract to more than one level and additional subcontractors may only be utilised with the prior written agreement of the ASTP
- I acknowledge the right of the department to verify any information provided by me
- I agree to comply with any potential runs allocated in accordance with the [Contract Agreement](#)
- I agree to maintain compliance with the [Code of Practice for Procurement](#) and the [NSW Government procurement policy](#) for the term of any agreement awarded and provide evidence of compliance when requested by the department during the term of the agreement
- I acknowledge, accept and agree to be bound by all conditions pertaining to the ASTP
- Should any of the information provided be found to be false or misleading, Eligible Service Provider status may be withheld or withdrawn.

Signature:  _____ **Date:** _____