

Expressions of interest: Assisted Travel Support Officer

This form is to notify the Assisted School Travel Program (ASTP) of your expression of interest in becoming an ATSO to support eligible students.

Equal Employment Opportunity (EEO) - The Department of Education promotes workplace diversity and equal employment opportunity. Successful Assisted Travel Support Officer (ATSO) applicants are expected to work as part of a team with their driver, whatever their background and regardless of whether they are male or female. ASTP's priority is to get students to and from school safely and reliably and cannot allocate ATSOs to transport runs based on their personal beliefs or preferences.

How to apply:

Please complete the following information so that we can place you on our list of available ATSOs.

1. Obtain a Working With Children Check (WWCC) number from <https://ocg.nsw.gov.au/>.
2. Complete the free anaphylaxis e-training for schools and childcare workers at <https://www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare>. Save a copy of the certificate when finished and attach a copy with this form.
3. Obtain a tax file number declaration online via myGov ATO Online Services, following the instructions at <https://www.ato.gov.au/forms/tfn-declaration/>. Attach a digital copy of the declaration with this form.
4. Email this completed form and attach all supporting documents to atso.astp@det.nsw.edu.au.

Personal information

Title: _____ First name: _____ Last name: _____

Middle name(s): _____

Previous name(s): _____

Date of birth: _____ Gender: _____

Country of birth: _____ Town/City of birth: _____

Language(s) spoken at home: _____

Residential address: _____

Suburb: _____ State: _____ Post Code: _____

Do you identify as being Aboriginal and/or Torres Strait Islander?

- No
- Aboriginal
- Torres Strait Islander
- Both (Aboriginal and Torres Strait Islander)
- Prefer not to answer

Main phone number: _____ Other phone number: _____

Email: _____ Tax File Number (TFN): _____

WWCC number: _____ WWCC expiry: _____

Are you current in providing first aid, or believe to have the capacity to complete a first aid course?

- Yes
- No

How did you find out about us?: _____

Emergency contacts

Emergency contact 1

Title: _____ First name: _____ Last name: _____

Main phone number: _____ Other phone number: _____

Relationship: _____

Residential address: _____

Suburb: _____ State: _____ Post Code: _____

Emergency contact 2

Title: _____ First name: _____ Last name: _____

Main phone number: _____ Other phone number: _____

Relationship: _____

Residential address: _____

Suburb: _____ State: _____ Post Code: _____

Work preferences

Please tick () the days and times you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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If you have a preference to work for a specific school(s), please provide the details below:

School name: _____

School address: _____

Suburb: _____ State: _____ Post Code: _____

If you have a preference to work for a specific contractor, please provide the details below:

Contractor name: _____

Run number: _____ Transport area: _____

Document checklist

Your application will not be processed until all the following documents are received.

- [Personal and bank account details form](#)
- [Tax file number declaration \(digital copy\)](#)
- [Superannuation \(super\) standard choice form](#)
- Working With Children Check (WWCC) confirmation email or letter for **paid child-related work** (the WWCC number must end in an 'E')
- [Declaration for child-related work: Nationally Coordinated Criminal History Check](#)
- [Nationally Coordinated Criminal History Check: application and informed consent form \(NCCHC\)](#)
- Three identity documents (as outlined on [page 2 of the NCCHC form](#))
- Anaphylaxis e-training certificate (not required to be signed by a supervisor for this application)
- First aid certificate (optional)

Declaration

I declare that:

- the information provided in this application is, to the best of my knowledge, true and correct
- I have read and understood the [Department of Education Code of Conduct](#)
- I have read and understood the roles and responsibilities in the [ASTP Agreement](#) and am prepared to undertake the necessary training requirements listed therein
- I have read and understood the [Responding to Allegations Against Employees in the Area of Child Protection](#) and [NSW Office of the Children's Guardian – Reportable Conduct Scheme](#)
- I have read and abide by the department's child protection policies including the [Child protection – responding to and reporting risk of harm policy and procedures](#)
- I will report concerns about suspected risk of harm to children and young people to the school principal and the Director, Assisted School Travel Program

First name: _____ Last name: _____

Signature:  _____ Date: _____