

## Driver application and update of details

Contractors and driver applicants are to ensure all the relevant boxes/fields are completed before submitting this form to the Assisted School Travel Program (ASTP).

### Guidance notes:

- All drivers are required to access the [ASTP website](#) and read the information relating to your role and your responsibilities to ensure children and young people are not placed at risk of harm.
- Contractors should complete a preliminary assessment of the suitability of a driver before an application is submitted
- All photocopied or scanned documents must be clear and easy to read to avoid resubmission.
- The contractor must not use any person for the provision of service until written approval is received by the Department.
- Allow 10 business days for the driver applicant approval process, however in some instances driver screening checks may take longer.
- Email this completed form and all supporting documents to [contractors.astp@det.nsw.edu.au](mailto:contractors.astp@det.nsw.edu.au)

### Contractor details

Entity name: \_\_\_\_\_ ABN: \_\_\_\_\_

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Last name: \_\_\_\_\_

### Driver details

New driver  Existing driver

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Mobile number: \_\_\_\_\_

WWCC number: \_\_\_\_\_ WWCC expiry: \_\_\_\_\_

Residential address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Town/City of birth: \_\_\_\_\_

Is/has the driver ceased employment?

Separation date: \_\_\_\_\_ (no need to complete Sections A and B)

### Section A: Position details

Select the type of position the applicant will have within your business (if seeking approval for office administration staff to access ASTP information only please complete the [Contractor office administrative application and update of details form](#) only):

- Driver only
- Driver / contractor
- Driver and office administration

Position title: \_\_\_\_\_ Email address: \_\_\_\_\_

Select one of the following levels as per the contract management plan escalation relationship.

*Please note there can only be one person selected in your organisation to be the escalation points for Levels 1, 2, 3. There can be several general office staff for Level 0.*

- Level 0 – General office staff
- Level 1 – First point of contact
- Level 2 – Second point of contact
- Level 3 – Last point of escalation (responsible for the contract)

### Section B: Driver working details

There must be ONE primary driver and at least ONE relief driver for each run.

- If you request to add this driver as a primary driver, it will result in the replacement of any existing primary driver attached to the Run.
- If you nominate to remove a driver and wish to use them in the future, they may be required to submit a new driver application and be cleared and approved by the department before commencing services.

State whether you are wishing to *add*, *remove* or make *no change* to the drivers' assignment on the runs below (if applicable):

Primary driver

Add/Remove/No Change - Run no.: \_\_\_\_\_ start date: \_\_\_\_\_ end date: \_\_\_\_\_

Relief driver

Add/Remove/No Change - Run no.: \_\_\_\_\_ start date: \_\_\_\_\_ end date: \_\_\_\_\_

Add/Remove/No Change - Run no.: \_\_\_\_\_ start date: \_\_\_\_\_ end date: \_\_\_\_\_

Add/Remove/No Change - Run no.: \_\_\_\_\_ start date: \_\_\_\_\_ end date: \_\_\_\_\_

Add/Remove/No Change - Run no.: \_\_\_\_\_ start date: \_\_\_\_\_ end date: \_\_\_\_\_

Add/Remove/No Change - Run no.: \_\_\_\_\_ start date: \_\_\_\_\_ end date: \_\_\_\_\_

*The driver must be assigned to a current run for the next 48 hours in order to view the run information.*

## Section C: Identification and required documents (new/existing drivers requiring rescreening)

Does the driver identify as being Aboriginal and/or Torres Strait Islander?

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

### 1. Attach the following documents:

- Working With Children Check (WWCC) confirmation email or letter for **paid child-related work** (the WWC number must end in an 'E')
- [Declaration for child-related work: Nationally Coordinated Criminal History Check](#)<sup>1</sup>
- [Nationally Coordinated Criminal History Check: application and informed consent form \(NCCHC\)](#)
- [Consent to driver licence checks and disclosure of information](#)
- [Driver identity certification form](#) (address on licence must be the same as address on application)

<sup>1</sup> Must include the Working With Children Check (WWCC) clearance number (the WWC number must end in an 'E')

### 2. Attach correctly certified copies of:

- The 'Minimum identity' documents **JP certified**, as listed in the NCCHC (noted above) on page 2.
- [Certified Transport for NSW driving record](#) (must be less than 3 months old)<sup>2</sup>
- [Certified copy of medical assessment certificate](#)

<sup>2</sup> Also applies to drivers of public passenger buses seating 13 or more who must be authorised under the Passenger Transport Act 2014


## Section E: Declaration


I declare that:

- all 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 drivers' roles and responsibilities in the [ASTP Agreement](#)
- I acknowledge that the driver has the capacity and willingness to complete the Driver training requirements as outline in the [ASTP Agreement](#)
- I have read and understood the [Responding to Allegations Against Employees in the Area of Child Protection](#) and [Child protection – NSW Ombudsman](#)
- 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

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- I am prepared to undertake the necessary training requirements as outlined in the [ASTP Agreement](#)

Driver applicant signature:  \_\_\_\_\_ Date: \_\_\_\_\_

Contractor signature:  \_\_\_\_\_ Date: \_\_\_\_\_