

Driver application checklist and declaration

Contractors and driver applicants are to use the checklist below and ensure all the relevant boxes/fields are completed before submitting a driver application to the Assisted School Travel Program (ASTP).

DRIVER APPLICANT DETAILS

Title: _____ First name: _____ Last name: _____

Date of birth: _____ Driver licence number: _____

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.
- If the required documentation is not provided, the application will be returned with more information requested before being processed.
- All photocopied or scanned documents must be clear and easy to read to avoid resubmission.
- To ensure timely processing of this driver application, contractors are encouraged to check the [key dates](#)
- Email this completed form with supporting documents to contractors.astp@det.nsw.edu.au

REQUIRED DOCUMENTS

DRIVER APPLICANT CHECKLIST (All questions <u>must</u> be answered)	YES	N/A
Declaration for child-related work: Nationally Coordinated Criminal History Check ¹	<input type="checkbox"/>	
Nationally Coordinated Criminal History Check: application and informed consent form	<input type="checkbox"/>	
All identification documents included in application must be certified correctly	<input type="checkbox"/>	
Certified copy of Roads and Maritime Services driving record (must be less than 3 months old) ²	<input type="checkbox"/>	
Working With Children Check (WWCC) confirmation email or letter (as this is for paid work, the number must end in an 'E')	<input type="checkbox"/>	
Consent to driver licence checks and disclosure of information	<input type="checkbox"/>	
Consent to vehicle checks and disclosure of relevant information ³	<input type="checkbox"/>	<input type="checkbox"/>
Driver identity certification form - address on licence must be the same as address on application	<input type="checkbox"/>	
Certified copy of medical assessment certificate	<input type="checkbox"/>	

¹ Must include the Working With Children Check (WWCC) clearance number

² This also applies to drivers of public passenger buses seating 13 or more, who must be authorised under the [Passenger Transport Act 2014](#)

³ Only if the driver applicant is using their own vehicle

REQUIRED DOCUMENTS

CONTRACTOR CHECKLIST (All questions <u>must</u> be answered)	YES	NO	N/A
All documents under the driver applicant checklist are accurately completed and signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registration and insurance documents are provided for all vehicles ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The driver applicant has English language skills sufficient for the delivery of ASTP services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTRACTOR QUESTIONS (All questions must be answered)

- Is the driver applicant seeking approval to work as a: Primary driver Relief driver
 ▶ If a Primary driver, what is the start date _____ and end date _____ the driver is required on the run?
Note: Before selecting a start date please allow 10 business days for the driver applicant approval process
- Is the driver required for: All runs Specific run
 ▶ If for a specific run, what is the run number? _____
- Is the driver applicant replacing a current driver: No Yes
 ▶ If yes, what is the name of the current driver? _____
- Is the current driver: Resigning Remaining on the run Moving to a different run
 ▶ If moving to a different run, what is the run number? _____

DECLARATION

I declare that:

- all the information provided in the driver application and checklist 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 [Contract 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:
 - [Protecting and Supporting Children and Young People Policy](#)
 - [Child Protection: Allegations Against Employees](#)
- 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.

Legal name of driver applicant: _____

Driver applicant signature: _____ Date: _____

Contractor name: _____

Contractor signature: _____ Date: _____

⁴ Refer to the [Contract Agreement](#) for more information