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| **NSSTAS Students With Disability - Semester ­\_, 20\_\_** |
| ***APPLICANT (PARENT/CARER) DETAILS:*** |
|  |
| **Applicant Name …………………………………….**  | Surname  |  |
|  | Given & Middle Initial |  |
|  |
| **Student Home Address ………………………….** | Street: No., Name & Type |  |
|  | Suburb & Postcode |  |
|  |
| **Applicant Contact Details ………………………** | Telephone &/or Mobile |  |
| Email Address |  |
|  |  |  |  |
| **Applicant Bank Details …………………………..** | BSB |  |
|  | Account No |  |
|   | Account Name |  |
|  |
| **Applicant Concession Card Details …………** | Health Care/ Pensioner Concession/ DVA Pensioner Concession | CRN/ DVA |
| **I, the applicant (Parent/Carer) authorise:** **• the Queensland Catholic Education Commission (QCEC) to use Centrelink Confirmation eServices to perform an Australian Government Services Australia or Department of Veterans’ Affairs (DVA) enquiry of my Centrelink or DVA customer details and concession card status in order to enable the QCEC to determine if I qualify for a concession, rebate or service.****• the Australian Government Services Australia (the Agency) to provide the results of that enquiry to the QCEC.****I understand that:** **• the Agency will use information I have provided to the QCEC to confirm my eligibility for a NSSTAS concessional rebate and will disclose to the QCEC personal information including my name, address, payment and concession card type and status.****• this consent, once signed, remains valid while I am a customer of QCEC unless I withdraw it by contacting the QCEC or the Agency.****• I can obtain proof of my circumstances/details from the Agency and provide it to QCEC so that my eligibility for a NSSTAS concessional rebate can be determined.****• if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the NSSTAS concessional rebate provided by QCEC.****Signed and dated as per the certification section at the end of this application form.** |
|  |
| ***STUDENT DETAILS:*** (If you are applying for more than one child, please use another application form to add their details.) |
| **Surname**  |  |
| **Given & Middle Initial** |  |
| **Date of Birth** |  |
| **School Attended & School Suburb** |  |
| **Year Level** |  |
| **Number of *full* weeks the student did *not* attend school in person this current semester due to illness, exams, camp or excursions (excluding school holidays)?** |  |

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| ***Student’s Eligibility (as a student with a disability):*** *(circle the appropriate answer)* |
| Student was included in the **latest Commonwealth Census as a student with a disability** who requires supplementary, substantial or extensive adjustments: | No / Yes / Awaiting inclusion |
| **Student has a Personal Learning Plan or equivalent (PLP)** confirming their transport needs: | No / Yes / Awaiting plan |
| **Student’s Travel Capability Rating** (TCR): | C / D / E / F  |

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| **PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM**  |

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|  **NSSTAS Students With Disability – cont.**  |
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| ***Student Travel Details:*** |
| 1. **Please indicate with a tick, the student’s general travel pattern. (If you car pool, *only* show the days that you drive):**
 |
|  | **Mon** | ***Mon*** | **Tues** | ***Tues*** | **Wed** | ***Wed*** | **Thurs** | ***Thurs*** | **Fri** | ***Fri*** |
|  | **AM** | ***PM*** | **AM** | ***PM*** | **AM** | ***PM*** | **AM** | ***PM*** | **AM** | ***PM*** |
| **Car**  |  |  |  |  |  |  |  |  |  |  |
| **Public Transport**  |  |  |  |  |  |  |  |  |  |  |
| **Car to Public Transport** |  |  |  |  |  |  |  |  |  |  |
| **Taxi** |  |  |  |  |  |  |  |  |  |  |
|  |
| 1. **If you indicated Car to Public Transport:**
 |
| Please advise the address of the bus pick up/set down point: |
|  |
| 1. **If you indicated Public Transport:**
 |
| Average **weekly** outlay **$** |
| Type of ticket: e.g. single / daily / 10 trip / 20 trip / weekly / monthly / term / semester / annual / Translink Go Card |
| Does the student pay to travel on a school owned bus? **Yes / No** |
| Name of Main Transport Provider: |
|  |
| 1. **If you indicated Taxi** (**NB:** Eligible applicants may be asked to provide evidence of these taxi expenses in the form of receipts)**:**
 |
| Average **weekly** **out of pocket expense** (after deducting any other government subsidies): **$** |
| Have you applied to the Department of Transport and Main Roads **Taxi Subsidy Scheme** for travel assistance for this student? **Yes / No** |
|  |
| 1. **All Applicants:**
 |
| Have you applied to the Department of Transport and Main Roads for any travel assistance for this student? **Yes / No** |

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| **I certify that the information provided here is accurate and I agree to my information being confirmed with the appropriate authorities.** **Applicant Name: Signature: Date:**  |