

## Guidance Notes

- To be eligible for subsidised travel to school a student must reside further than a prescribed distance from the school attended. This form is to be completed when seeking exemption from the distance criteria on health grounds.
- Subsidised travel may be approved either as a temporary travel pass for use on public transport (bus, train, ferry or light rail) or in some cases, for a subsidy to drive the student to school or to the nearest transport pick up point. Please indicate which in the tick box below.
- Part A of this form is to be completed by:
  - **the student's parent or guardian** for students under 16 years, or where the student is 16 years or older, if the parent or guardian is authorised to do so by the student; or
  - **the student**, if the student is aged 16 years or over.
- Part B is to be completed by a registered medical practitioner who is familiar with the student's medical condition.
- A General Practitioner report is sufficient for a first application. A Specialist report is required for any subsequent application.
- The completed form is to be returned to the Transport for NSW Concessions office (see address overleaf).
- Transport for NSW may contact the student's medical practitioner(s) and/or school to obtain additional information relevant to the application or may refer the application for an independent medical assessment of the student's condition.
- Transport for NSW will approve a student's eligibility for a specified period only, which may be different to the period recommended by the medical practitioner. A renewal application must be made to extend the student's eligibility past the specified period.

## Part A - Student's Details - see point 3 of the Guidance Notes above before completing

**IMPORTANT:** For information on who should complete this section of the form, please refer to the Guidance Notes (point 3) above.

This application relates to (tick one):

**A school travel pass**  
(School Student Transport Scheme)

**A subsidy for driving the student to  
the nearest transport pick up point**  
(School Drive Subsidy)

**A subsidy for driving the student to  
school**  
(School Drive Subsidy)

Type of application (tick one):

**New** I am applying for subsidised travel on medical grounds for the first time for either:  
a) myself where I am the student 16 years or older; or  
b) the student, who is under 16 years; or  
c) the student who is 16 years or older with their authorisation.

**Renewal** An application previously approved on medical grounds has expired and I am now seeking a further exemption.

Student's family name (surname)

Given name (first name)

Home address

Suburb/town

Postcode

Date of birth

(dd/mm/yyyy)

(dd/mm/yyyy)

Home phone number (including area code)

Mobile number (parent/guardian)

Class year  
(K-12)

Name of transport operator(s) for this application

Distance from home to school (one way, by most direct route)

School

School address

Postcode

### Privacy of Personal and Medical Information

The information you and your medical practitioner provide will be treated in accordance with the *Privacy and Personal Information Protection Act 1998* (NSW) and the *Health Records and Information Privacy Act 2002* (NSW).

The information provided is collected and stored electronically with restricted access to comply with Government record keeping regulations. The information is held by Transport for NSW and is used to approve or decline subsidised travel on medical grounds.

Medical information supplied will only be disclosed to our contracted medical adviser and/or the school attended for the purpose of assessing the student's eligibility for the Scheme or as required by law.

You may arrange to review and correct your personal and/or medical information held by Transport for NSW by sending a request to [privacy@transport.nsw.gov.au](mailto:privacy@transport.nsw.gov.au) or to Locked Bag 5085, Parramatta NSW 2124.

I, where I am either:

- the student 16 years or older; or
- the parent / guardian of the student, who is under 16 years; or
- the parent / guardian of the student who is 16 years or older with their authorisation to make this application on their behalf,

consent to the treating medical practitioner/s providing information relevant to this application to Transport for NSW or to a Medical officer nominated by Transport for NSW to enable the assessment of my child's or my condition.

Name of parent or guardian or of student if 16 years or over (print)

Signature of parent or guardian or of student if 16 years or over

Date



**Part B - Practitioner Details and Medical Assessment**

**To be completed by the treating general practitioner or specialist medical practitioner**

[Empty grid box for name of practitioner]

Name of Practitioner

General Practitioner

Specialist - Field you specialise in: [Empty grid box]

[Empty grid box for qualifications]

Qualifications

( [ ] [ ] [ ] ) [Empty grid box]

[Empty grid box for mobile number]

[Empty grid box for provider number]

Practice phone number (including area code)

Mobile number

Provider number

[Empty grid box for address stamp or address]

[Empty grid box for practice address]

Practice address

[Empty grid box for postcode]

Postcode

Address stamp or address

**Practitioner Certification and Report**

I certify that I assessed [Empty grid box] (insert name)

on (insert date) [ ] / [ ] / [ ] in relation to an application for subsidised transport to /from school.

I have attended this patient for a period of (approximately) [ ] Years [ ] Months **OR**  today only.

**My opinion is as follows:**

**Diagnosis & Treatment** (brief summary only)

[Empty grid box for diagnosis and treatment]

**Prognosis** (short to longer term)

[Empty grid box for prognosis]

**Effects** (describe how your patient's condition might be affected by walking to/from school, or whether his/her condition might adversely affect his/her health on the journey, or why he/she would not be fit to use public transport)

[Empty grid box for effects]

**Duration**

(estimate period for which subsidised transport is likely to be required in months/years)

[Empty grid box for months]

Months

[Empty grid box for years]

Years

**Recommendation**

Based on my assessment, I recommend my patient be considered for either (tick one only):

**A temporary travel pass for use on public transport for a period of:**

**OR**

**A subsidy for driving the student to the nearest transport pick up point (where you consider your patient unable to walk) for a period of:**

**OR**

**A subsidy for driving the student to school (where you consider your patient unfit to use public transport) for a period of:**

[Empty grid box for months]

Months

[Empty grid box for years]

Years

[Empty grid box for months]

Months

[Empty grid box for years]

Years

[Empty grid box for months]

Months

[Empty grid box for years]

Years

X [Empty grid box for signature]

Signature of practitioner

[Empty grid box for date]

Date

**Post the completed form to Transport for NSW Concessions or you can upload the completed form during the SSTS/School Drive Subsidy online application process:**

Locked Bag 5085 Parramatta 2124 | Telephone 131 500