

## Driver Application Package

Dear Contractor,

As the contractor of the service you have a responsibility in accordance with Clause 11.2 of your contract to ensure your drivers have the necessary skills to provide the service and to ensure they follow the terms and conditions as required under your contract with the Department of Education and Communities.

You are also required to ensure drivers and Travel Support Officers undergo a *Working with Children Background Check* conducted under Part 7 of *the Commission for Children and Young People Act 1998* and receive clearance from the Department's Assisted School Travel Unit (ASTU) before they commence work.

Please note that you will be required to re-submit a new application if the driver has not worked under your employ for three (3) months or more and/or if the driver is new to your employ (regardless of whether the driver was cleared to work for the previous contractor).

Before submitting the forms contained in the attached driver application package please ensure that ALL the required forms have been fully and accurately completed and signed by the driver applicant and documents provided by the driver have been certified appropriately (refer to the attached Proof of Identity 100 Point Check).

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**Please note that incomplete applications cannot be processed and will delay the approval process.**

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To assist you to ensure that the application is complete the following checklist is provided.  
Please do not forward the application unless all the boxes are ticked and the appropriate "YES/NO" circled.

Declaration and Consent

Declaration for Criminal History Record Check

Child Protection information and guidelines (**NB:** The slip must be signed to acknowledge that you have read and understand the information provided)

Certified copy of Roads and Maritime Services (formerly RTA) Driving Record to be attached with application and must be less than 3 months old

RMS Consent to Driver Licence Checks

RMS Consent to Vehicle Checks

Copy of current driver's licence – **ensuring address on licence is the same as address on application**

Certified copy of Driver's Medical Assessment Certificate

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**Please complete the following:**

I certify the driver has English language skills sufficient for the effective delivery of ASTP services. **Yes No**

Is the driver required for a new or existing run? (Please circle one) **New Existing**

Run number: \_\_\_\_\_

Name of School: \_\_\_\_\_

Is new driver replacing current driver? **Yes No**

Name of current driver: \_\_\_\_\_

Is current driver to be reassigned to different run? **Yes No** (if yes) Run No: \_\_\_\_\_

Is current driver resigning or no longer required? (Please circle one) **Resigning Not Required**

ALL required forms and documents are completed and attached:

Contractor's Name: \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return application by email to: [AssistedSchoolTravel@det.nsw.edu.au](mailto:AssistedSchoolTravel@det.nsw.edu.au)

## Driver Application Cover page

I _____ (Print Name)
am seeking approval to work for the contractor as a Driver / Relief Driver (please circle one) for
School Name: _____
Run Number: _____
Contractor: _____

Dear Driver Applicant,

Thank you for registering your interest to be engaged as an assisted school travel driver under the contractor's contract with the Department of Education and Communities.

Before you can be considered for engagement as a driver and commence work you will be required to undergo a *Working with Children Background Check* conducted under Part 7 of the *Commission for Children and Young People Act 1998* and receive approval from the Department.

**Please complete the following forms and give them to the contractor** who will then provide the required certification and forward them to the Assisted School Travel Unit for processing:

Declaration and Consent

Declaration for Criminal History Record Check

Child Protection information and guidelines (**NB:** The slip must be signed to acknowledge that you have read and understand the information provided)

Certified copy of 'Roads and Maritime Services (RMS) Driving Record' to be attached with application and must be less than 3 months old

RMS Consent to Driver Licence Checks

RMS Consent to Vehicle Checks

Copy of current driver's licence – **ensuring address on licence is the same as address on application**

Certified copy of Medical Assessment Certificate

- The Proof of Identity 100 Point Check is provided to allow you to identify the documents you are required to submit with this application to allow the Working with Children Check to be completed
- **Important:** At least one form of I.D. must be your current Driver's Licence and must show your current residential address. If located on the reverse of your Driver's Licence this is to be certified and forwarded with your package.

Also enclosed is information relating to your role and your responsibility as an assisted school travel driver to ensure children and young people are not placed at risk of harm. **You are required to read this information and then retain for future reference:**

- Important Information for Contractors and Drivers
- Child Protection Information and Guidelines.

You have a responsibility to ensure that the contractor provides you with advice and training in respect to the conditions as stated in their contract with the Department.

**Should you have any questions or concerns please contact the Assisted School Travel Unit on 1300 338 278.**

Yours sincerely

Manager, Assisted School Travel

**NB: THIS APPLICATION CANNOT BE PROCESSED UNLESS ALL OF THE REQUIRED FORMS HAVE BEEN COMPLETED AND SUBMITTED TO THE ASSISTED SCHOOL TRAVEL UNIT.**

# Declaration and Consent Form

All parties who wish to be engaged by the Department of Education & Communities to provide contracted services under the Assisted School Travel Program are required to undergo a National Criminal History Check and a Working with Children Check.

**All fields must be completed. Please use block letters.**

Family Name			
First Name		Other Given Names	
Previous Names/aliases	Family Name	First Name	
Date of Birth (DD/MM/YYYY)		Gender	Male      Female

<b>Place of Birth</b>			
Town		State	
Country			

<b>Residential Details</b>			
Street Number		Street	
Suburb		State	Postcode
Contact Phone		Mobile	
Email Address			

**If you use one of these documents to verify your identity, please fill in these details:**

<b>Driver's Licence</b>	Issuing Agency		Number			
<b>Firearms Licence</b>	Issuing Agency		Number			
<b>Passport</b>	Type		Issuing Country		Number	

Title of position applied for: \_\_\_\_\_

Contractor's business name: \_\_\_\_\_

**It is an offence for a prohibited person to apply for, attempt to obtain, undertake or remain in child-related employment, or to sign this declaration.**

**A prohibited person is a person who is convicted of the following (whether in NSW or elsewhere):**

- murder of a child;
- serious sex offence, including carnal knowledge;
- child-related personal violence offence (an offence committed by an adult involving intentionally wounding or causing grievous bodily harm to a child);
- indecency offences punishable by imprisonment of 12 months or more;
- kidnapping (unless the offender is or has been the child's parent or carer);
- offences connected with child prostitution;
- possession, distribution or publication of child pornography; or
- attempt, conspiracy or incitement to commit the above offences.

A prohibited person includes a Registrable person under the [Child Protection \(Offenders Registration\) Act 2000](#).

**A conviction includes a finding that the charge for an offence is proven, or that a person is guilty of an offence, even though the court does not proceed to a conviction.**

Details of these offences can be found online at [http://kids.nsw.gov.au/ \[Guidelines/FactSheet 1\]](http://kids.nsw.gov.au/Guidelines/FactSheet 1)

## DECLARATION

I am the applicant named in this form. All information in this form, and identification documents provided for this application, are true and correct. I understand that if I have provided false or misleading information it may result in a decision not to employ me, or, if already employed, may lead to my dismissal.

I have not omitted any names or aliases that I use or used in the past.

I have read and understood the contents of this form and the relevant information at [http://kids.nsw.gov.au/ \[Guidelines/FactSheet 1\]](http://kids.nsw.gov.au/ [Guidelines/FactSheet 1]). I declare that I am not a prohibited person under the [Commission for Children and Young People Act 1998](#) and I understand that it is an offence for a prohibited person to seek child-related employment.

**I am aware that if I am considered for a position providing contracted services to the Assisted School Travel Unit (ASTU), a National Criminal History Check AND a Working with Children Check will be undertaken to determine my suitability for engagement under the contract and for working with children, including:**

- 1. National Criminal History Check for all convictions vetted in accordance with the [Criminal Records Act 1991](#) or, if a Commonwealth offence, the [Commonwealth Crimes Act 1914](#).**
- 2. National criminal record check for charges and/or convictions (including spent convictions) for:**
  - any sexual offence (including but not limited to, sexual assault, acts of indecency, child pornography, child prostitution and carnal knowledge);
  - any child-related personal violence offence;
  - any assault, ill treatment or neglect of, or psychological harm to, a child and any registrable offence;
  - an offence punishable by imprisonment for 12 months or more.

I understand that this check includes convictions or charges that may have not been heard or finalised by a court; or are proven but have not led to a conviction; or have been dismissed, withdrawn or discharged by a court.

- 3. Check for relevant Apprehended Violence Orders taken out by a police officer or other public official for the protection of a child or children; and**
- 4. Check for relevant employment proceedings notified to the Commission for Children and Young People under the [Commission for Children and Young People Act 1998](#).**

## CONSENT

I consent to these checks being conducted and consent to the Commission for Children and Young People or an Approved Screening Agency obtaining any relevant record identified by these checks and any additional information relating to that record from sources such as courts, police, prosecutors and past employers to enable a full and informed risk assessment. I consent to these sources disclosing information relating to these records to the Commission for Children and Young People and/or Approved Screening Agency.

### I acknowledge that:

- the information obtained during the Working with Children Check and National Criminal History Check, including this consent, may be collected and used by and/or disclosed to the Commission for Children and Young People or an Approved Screening Agency for relevant purposes or as otherwise required by law;
- the Commission for Children and Young People and Approved Screening Agencies may share the information obtained during the Working with Children Check for the purposes of the Working with Children Check;
- the outcome of a Working with Children Check assessment process will be provided to Assisted School Travel Unit;
- the information obtained as part of any suitability assessment process will be provided to the Assisted School Travel Unit;
- my relevant records under the [Commission for Children and Young People Act 1998](#) will not be released to my current or prospective employers;
- any information obtained as part of this process may be used by Australian Police Services for law enforcement purposes, including the investigation of any outstanding criminal offences; and
- the information provided may be referred to the Commission for Children and Young People and/or to NSW Police for law enforcement purposes and for monitoring and auditing compliance with the procedures and standards for the Working with Children Check in accordance with Section 36 (1)(f) of the [Commission for Children and Young People Act 1998](#).

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Declaration for Criminal History Record Check

## Section 1 – Personal Details of applicant:

Family Name			
First Name		Other Given Names	
Previous Names/aliases			
Home Phone Number		Mobile Phone Number	

## Section 2 – Declaration and certification by applicant:

In respect to my criminal history record I have had:

Tick the box (as applicable) below

		No	Yes
1.	Conviction/s for sexual or drug offences		
2.	Conviction/s for other offences, within the last 10 years		
3.	Child sexual assault charges dealt with under Section 556a of the Crimes Act 1990 (found guilty but conviction not recorded)		
4.	Other charges (including traffic offences) that have not yet been heard		

## Applicants should note:

- Approval to provide assisted school travel services for the NSW Department of Education and Communities will not be given if you have not completed this declaration.
- Criminal record checks are undertaken on each applicant for driver, relief driver, operator, travel support officer and relief travel support officer duties.
- In some instances such checks may result in the application being declined.
- If a statement made by you is found to be false or misleading you will not be engaged to provide assisted school travel services.
- Records under Section 556a of the Crimes Act 1990 and any charges pending a court hearing will appear on the criminal history record check.

I certify the accuracy of the information I have provided and I have read and understand points 1 to 5 listed above. I also understand that the existence of a criminal record may impact on the Department's assessment of my suitability to be engaged to provide assisted school travel services.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

### Privacy Notice:

The information provided by you is being obtained by the Department of Education and Communities for the purpose of assessing your suitability to be engaged to provide assisted school travel services. This information may be disclosed to the NSW Police Service and the Commission for Children and Young People for the purpose of conducting checks. If you do not provide this information your application to provide assisted school travel services will not be progressed.

All information will be stored securely. You may apply to correct any personal information by contacting the Assisted School Travel Unit on 1300 338 278.

# Agreement to Abide by Child Protection Requirements

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I understand that in accordance with the Department of Education and Communities responsibility to provide a safe environment for children and young people, all parties involved in the Assisted School Travel Program have a legislative responsibility to protect children and young people from risk of harm.

I certify that I will abide by the following requirements:

1. To read and follow the specific instructions on appropriate conduct as detailed in the document that has been provided to me and titled *Child Protection Information and Guidelines* to ensure that students are not placed at risk of harm;
2. To read and follow the Department's policies as detailed in NSW Department of Education and Communities' Child Protection Policies: *Protecting and Supporting Young People* and *Responding to Allegations against Employees* located on the Internet at [www.det.nsw.edu.au/policies](http://www.det.nsw.edu.au/policies);
3. To make myself aware of my obligations towards children and young people related to my role; and
4. To report concerns about suspected risk of harm to children and young people to the school principal and the Manager, Assisted School Travel Unit.

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Name

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Run Number

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Signature

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Date

# Medical Assessment Certificate

## Applicant Details *(to be completed by the applicant)*

Please read the instructions for Applicant and Registered Medical Practitioner overleaf

Family Name					
First Name			Other Given Names		
Date of Birth (DD/MM/YYYY)			Gender	Male	Female
Driver's Licence Number			State		Expiry Date

I consent to the Department of Education and Communities contacting my Medical Practitioner to obtain further information relevant to my fitness to drive a vehicle utilised under contract to the Department.

Applicant's Signature					
Date					

## Assessment of Fitness to Drive *(to be completed by the Medical Practitioner)*

Were you familiar with the patient's medical history prior to this examination?	Yes	No			
<p>I certify that I have examined the above mentioned patient in accordance with the relevant Commercial National Medical Standards as set out in the <a href="http://austroads.com.au/images/stories/AFTD_reduced_for_web.pdf">http://austroads.com.au/images/stories/AFTD_reduced_for_web.pdf</a></p> <p><b>NB: Please read the explanatory note overleaf which relates to this section.</b></p> <p>In my opinion, the person: <i>(please tick appropriate box below)</i></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> Meets the relevant criteria for an unconditional approval and requires no further assessment</li> <li><input type="checkbox"/> Meets the relevant criteria under the standards for a conditional licence. (list medical conditions below)</li> <li><input type="checkbox"/> Requires appropriate specialist's assessment</li> <li><input type="checkbox"/> Requires practical driving test</li> <li><input type="checkbox"/> Requires occupational therapist assessment</li> </ol>					
Medical Conditions			Date of Examination		

## Medical Practitioner Details *(please print)*

First Name			Surname		
Practice Address					
Suburb			State		Postcode
Telephone			Fax		
Email Address					

Signature					
Date			Provider Number		



**The Department of Education and Communities has a responsibility to ensure that all drivers employed to provide assisted school travel services under contract to the Department have the appropriate skills and are medically fit to hold a driver's licence. To meet this responsibility the Department requires that driver applicants provide medical evidence of their suitability to drive and/or undergo a driver assessment.**

**To the Driver/Applicant**

- Make an appointment with your registered medical practitioner.
- As the examination may take longer than a routine consultation, please advise the receptionist when making the appointment that you are attending for this purpose.
- If you wear spectacles, hearing aids etc, please bring them to the examination
- Take this form to the appointment for your doctor to complete.
- You are required to advise the Department of Education and Communities of any conditions that may affect your ability to drive. You should make the doctor aware of any medical conditions you may have so that your doctor can advise the Department of Education and Communities, on your behalf, using this form.
- If the medical report has been requested for a particular reason, you should let your practitioner know this reason.
- You should let your doctor know if you hold or are applying for a heavy vehicle licence, as the medical requirements for drivers of such vehicles are stricter.
- **CERTIFICATION** On completion of the examination the doctor is required to provide an opinion as to whether you meet the criteria for an unconditional approval by ticking one of the five (5) boxes on page one of this certificate. If you meet the criteria then the doctor will tick box 1 or 2 and provide you with the form to return to the Department of Education and Communities.
- If the doctor ticks boxes 3, 4 and or 5 then you are required to contact your nearest office of the NSW Roads and Maritime Services (RMS) to obtain a copy of the RMS Medical Report.
- You must meet the RMS' requirements for Commercial Driver Standards outlined in the Medical Certificate before the ASTU can further assess your application to provide AST services.
- When your Medical Specialist has certified that you do meet the commercial driver standards you should provide the ASTU with a copy of the cover sheet only medical specialist's report.
- Payment for the medical examination is your responsibility as licence holder/applicant.

**To the Medical Practitioner**

- The examination must be conducted in accordance with the national medical standards described in Assessing Fitness to Drive 2012, see over. This publication is available from your State or Territory Driver Licensing Authority or via the web [www.austroads.com.au](http://www.austroads.com.au)
- It details the examination process and provides an examination proforma to guide you.
- Upon completion of the examination please complete and sign the certificate overleaf.
- Please distribute the completed certificate as follows:
- Provide the original certificate (together with additional information relevant to the patient's fitness to drive) to the patient for them to present to the Department of Education and Communities.
- Retain a copy for the patient's medical record together with detailed examination notes.
- Information not relevant to the patient's fitness to drive should not be forwarded to the Department of Education and Communities.
- If you have doubts about your patient's suitability to drive, you may suggest a driver assessment or referral to a suitable specialist, e.g. Occupational Therapist. Please indicate this on the form.
- If you have any doubts about the information required, or wish to discuss the case personally, please contact the Assisted School Travel Unit on 1300 338 278.

## Consent to Driver Licence Checks and Disclosure of Information

The Department of Education and Communities (DEC) through its Assisted School Travel Unit (ASTU) is required to check driver licensing information for proposed and existing assisted school travel drivers. These checks cannot be made without your consent.

In addition DEC may need to communicate relevant information about those checks to the relevant Contractor \* if DEC has any concerns about the validity, currency or suitability of your driver licence arising from the driver licence check.

\* For the purposes of this form, Contractor means the individual or corporation who has agreed with DEC to provide the service of assisted school travel (including the permitted assignee and legal personal representative and partners of such person where the person has entered that agreement on behalf of a partnership).

### 1. Contact details of organisation requesting licence holder's consent:

<b>Name:</b>	Department of Education and Communities Assisted School Travel Unit
<b>Address:</b>	Locked Bag 9 Wollongong East NSW 2520
<b>Representative Position:</b>	Manager, Assisted School Travel Telephone: 1300 338 278

### 2. Name of Assisted Travel Contractor engaging driver:

<b>Contractor's Name:</b>	
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### 3. Licence Holder's Consent

The information requested below must correspond with the details on your NSW Driver's Licence.

**Family Name** *(please print)*

**Given Name** *(all names are required, please print)*

**Driver's Licence Number**

**Card Number**

**Licence Class**

#### Declaration:

I consent to and authorise the Roads and Maritime Services disclosing (RMS) to the Department of Education and Communities my motor vehicle driver licence details from time to time for the purposes of the Assisted School Travel Program.

In addition I consent to and authorise DEC disclosing to a relevant Contractor information about the results of the driver licence check, should DEC hold concerns about the validity, currency or suitability of my driver's licence arising from the driver licence check.

**Signature**

**Date**

/	/
Day	Month Year

## Consent to Vehicle Checks and Disclosure of Relevant Information

The Department of Education and Communities (DEC) through its Assisted School Travel Unit (ASTU) is required to check vehicle registration information for proposed and existing vehicles to be used in respect of the Assisted School Travel Program. Vehicle registration checks include a check of the registration status.

In addition DEC may need to communicate relevant information about those checks to the relevant Contractor \* if DEC has any concerns about the registration or suitability of the vehicle arising from the vehicle registration check.

\* For the purposes of this form, Contractor means the individual or corporation who has agreed with DEC to provide the service of assisted school travel (including the permitted assignee and legal personal representative and partners of such person where the person has entered that agreement on behalf of a partnership).

These checks cannot be made without your consent. Your consent for the check and relevant disclosure by DEC if DEC considers it necessary is voluntary. If you do not consent then DEC may not be able to engage you to provide transport services to DEC.

### 1. Organisation requesting consent:

<b>Name:</b>	Department of Education and Communities Assisted School Travel Unit
<b>Address:</b>	Locked Bag 9 Wollongong East NSW 2520
<b>Representative Position:</b>	Manager, Assisted School Travel Telephone: 1300 338 278

Complete (as appropriate) Section "2" or "3" below

### 2. Vehicle Owner's Name (in the case of an organisation)

<b>Capacity of Signatory:</b>

### 3. Vehicle Owner's Name (in the case of a person)

The information requested below must correspond with the details on the registration papers.

**Family Name** *(please print)*

**Given Name** *(all names are required, please print)*

### 4. Vehicle Details

**Plate Number** *(Registration number)*

**AND** all other motor vehicles of which I am the registered operator from time to time.



### Declaration:

I consent to and authorise the Roads and Maritime Services (RMS) disclosing to Department of Education and Communities my motor vehicle registration and motor vehicle details from time to time for the purposes of the Assisted School Travel Program.

In addition I consent to and authorise DEC disclosing to a relevant Contractor information about the results of the vehicle registration check, should DEC hold concerns about the registration or suitability of the vehicle arising from the vehicle registration check.

### Signature

### Date

/	/	
Day	Month	Year

# Proof of Identity

The following lists set out the value of each document according to the 100 point check:

## 70 points

Name of person verified from one of the following (more than one document from this list cannot be counted):

- Birth Certificate
- Birth Card issued by the NSW Registry of Births, Deaths and Marriages
- Citizenship Certificate
- Current Australian passport
- Expired Australian passport which has not been cancelled and was current within the preceding 2 years
- Current passport from another country or diplomatic documents.

**Note: Do not score additional points for more than one document.**

## 40 points

Name and photograph/signature of person verified from one of the following (more than one document can be counted):

- Current driver photo licence issued by an Australian state or territory
- Identification card issued to a public employee
- Identification card issued by the Australian or any state government as evidence of a person's entitlement to a financial benefit
- Identification card issued to a student at a tertiary education institution.

**Note: Additional documents can be awarded 25 points.**

## 35 points

Name and address of person verified from any of the following (more than one document can be counted):

- Document held by a cash dealer giving security over property
- A mortgage or other instrument of security held by a financial body
- Land rates notice
- Document from current employer or previous employer within the last two years
- Land Titles Office record
- Document from the Credit Reference Association of Australia.

## 25 points

**Note: More than one document may be counted, but points scored from a particular source may be counted only once, e.g. if Master Card and Visa Card issued from the same financial institution, only one may be counted**

Name of person verified from any of the following (more than one document can be counted):

- Current credit card or account card from a bank, building society or credit union
- Local council rates notices
- Current telephone, water, gas or electricity bill
- Foreign driver's licence
- Medicare Card
- Electoral roll compiled by the Australian Electoral Commission
- Lease/rent agreement
- Current rent receipt from a licensed real estate agent
- The records of another financial body of which the signatory is known customer
- A record held under a law other than a law relating to land titles
- Records of a primary, secondary, or tertiary educational institution attended by the applicant within the last 10 years
- Records of a professional or trade association of which the applicant is a member.

**At least one of the documents should show the applicant's signature and preferably their current address.**

**All original documents must be sighted and certified by relevant personnel. Certification from a Justice of the Peace or a legal practitioner with a current practising certificate is also acceptable.**

**The suitable wording for certification of the copy would be "I certify this is a true and unaltered copy of the original". The certification statement is written on the copy and then signed by the officer verifying the certification, printing their name and position.**

## REPORTABLE CONDUCT

### What is Reportable Conduct?

The NSW Child Protection Legislation states grounds for reporting allegations of any assault, neglect or ill-treatment of a child to the NSW Ombudsman, and in some cases to the NSW Police, the Department of Family and Community Services (FACS) and the Commission for Children and Young People (CCYP). An allegation of reportable conduct involving an employee, contractor or its personnel, is a very serious matter and must be handled with a high degree of sensitivity and confidentiality.

Assisted School Travel Drivers' or Travel Support Officers' behaviour that may result in a notification and may also be criminal acts includes:

- having sexual relations with students
- possessing, computer downloading or distributing child pornography
- deliberately exposing a student to the sexual behaviour of others including pornography
- conversing about sexual matters including telling jokes of a sexual nature
- making sexually suggestive remarks, actions or obscene gestures
- touching student passengers inappropriately including repeated and unnecessary touching of students on the back, shoulders, arms and legs (exception may be with wheelchair students who require lifts in and out of the vehicle and assisting disabled student passengers with seat belts)
- using unnecessary force to make physical contact with a student as a prompt for a verbal instruction or to force compliance
- engaging in any conversations with passengers that may be considered inappropriate. This includes swearing and questioning children about aspects of their home life.
- shouting angrily at students to intimidate them
- making contact, either by telephone, in writing or in person, with a student outside of travelling times
- commenting to or about students on the basis of disability, gender, sexuality, cultural or racial stereotypes
- removing a student from the vehicle during the journey or hitting them as a disciplinary measure
- threatening students with physical punishment
- humiliating a student as an example to other students
- giving gifts of any kind to students, including lollies and drinks unless directed by Principal
- giving alcohol or drugs to students or encouraging or condoning the use of alcohol or drugs by students
- consuming alcohol or being affected by alcohol while performing duties as a Driver or an Travel Support Officer
- not delivering students to an approved supervised address attended by a responsible adult
- not ensuring the safety of students while entering, travelling in and exiting from the vehicle

**Some conduct is considered reasonable when the purpose is to provide for behaviour or health care needs of students in accordance with an approved behaviour or health care support plan and following appropriate training.**

Assisted School Travel Drivers and Travel Support Officers should:

- **seek assistance** with regards to support for Student's **behaviour** from the Student's school or the Assisted School Travel Unit (ASTU). Any behaviour that affects the safety and wellbeing of other Students and staff must be reported to the Principal and the ASTU.
- **Ask** the Student, their parent or carer or the school what assistance the **Student with disability** needs. Each Student will have individual needs, just like everyone else. Some may experience difficulties in learning new information, understanding complex instructions and expressing and understanding language. It is important at all times to treat the Student with the same respect as you would others.

## Who will report?

A Principal, parent or someone in the community can make a notification about a transport Driver's or Travel Support Officer's behaviour with a student in their care.

The notification can be made to the Principal or directly to the Department of Family and Community Services (FACS).

When an allegation concerning a DEC employee, contractor or its personnel, is of a child protection nature, the Principal must notify FACS and/ or the police and must also notify Employee Performance and Conduct Unit (EPAC) within one working day.

## What may happen following a notification of reportable conduct?

Sometimes the complaints are relatively minor and not child protection matters and can often be resolved in the workplace by the supervisor using complaints and / or performance improvement processes. Where there are concerns about **suspected risk of harm to a child** related to actions of a DEC employee, contractor or its personnel, the additional action may result in:

### a) A notification to the Department of Family and Community Services (FACS ) and/or NSW Police.

This may result in a police investigation and criminal charges.

### b) A notification to DEC Employee Performance and Conduct Unit (EPAC)

EPAC has procedures that are guided by legislation, for responding to allegations of a child protection nature against employees, contractors and its employees, and includes:

- A Risk Assessment

EPAC may assess the risks and take action to ensure a student's safety. The employee, contractor or its employees, may be transferred to alternative duties or suspended from duty during the investigation.

- An Investigation

EPAC Investigators gather, record and analyse evidence. The student and any witnesses may be interviewed by professionals. The allegation is presented in writing to the employee/contractor. The employee/contractor is given 14 days to respond either in writing or at an interview.

- Reporting

EPAC will then determine which allegations must be reported to the NSW Ombudsman and which matters require a report to the Commission for Children and Young People (CCYP). This may affect future applications for child related employment/engagements. Refer to [www.kids.nsw.gov.au](http://www.kids.nsw.gov.au)

- The Decision

The employee/contractor is advised in writing of the outcome.

- Taking Action

The Manager, Assisted School Travel is informed of actions to be taken. These actions may include termination of contracts and services or restricted access to DEC sites.

## What support is available?

During an investigation of an allegation of reportable conduct an employee, contractor or its personnel, can seek support and welfare advice through their Staff Support Officer (if available) or the Employee Performance and Conduct Unit (EPAC) Senior Counsellors Ph 9266 8070.

## Other information and contacts

Contact resources for matters relating to child protection and reportable conduct are as follows:

**NSW DEPARTMENT OF FAMILY and COMMUNITY SERVICES**      FACS      Helpline      132      111  
[www.community.nsw.gov.au](http://www.community.nsw.gov.au)

**NSW POLICE**      Police Assistance Line 131444

**DEPT OF EDUCATION AND COMMUNITIES**      [www.det.nsw.edu.au/policies](http://www.det.nsw.edu.au/policies)

*Guidelines for the Management of Conduct and Performance 2006, Section 7*  
*Responding to Allegations against Employees in the Area of Child Protection 2004 Section 7*