

# Application Package for Travel Support Officers

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Dear Applicant

Thank you for registering your interest to be considered as a Travel Support Officer (TSO) under contract to the Department of Education and Communities.

You will be required to complete and return the enclosed documentation (as applicable) and undergo a Working with Children Background Check conducted under Part 7 of the [Commission for Children and Young People Act 1998](#) before being approved to commence work as a Contractor to the Department. Travel Support Officers who are approved to provide travel support for students with disability are paid an hourly rate. In addition the Department will make 9% superannuation contributions under the *Superannuation Guarantee (Administration) Act 1992* to all eligible TSOs.

The following documents are enclosed for your information and completion as applicable:

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## Forms to be completed and returned by you

### 1. Taxation Information

- Form A: *Statement by a Supplier* (Australian Taxation Office form) – to be completed (if applicable) or ABN provided. [Explanatory notes are on Page 3.](#)

### 2. Superannuation Guarantee Information

- Form B: *Superannuation Standard Choice* (Australian Taxation Office form). [Explanatory notes are on Pages 3 and 4.](#)
- [Form C](#): Election Form for Superannuation Guarantee Contributions for Travel Support Officers aged between 65 and 74 Years of age
- [Form D](#): *Travel Support Officer and Transport Run Details*
- [Form E](#): *Banking Details Form for Travel Support Officers*

### Working With Children Employment Screening Forms:

- [Form F](#): *Applicant Declaration and Consent*
- [Form G](#): *Declaration for Criminal Record Check*
- [Form H](#): *Agreement to Abide by Child Protection Requirements*

## Documentation to be provided by you

- Proof of Identity must accompany your application– minimum 100 points required. Please note: At least one copy of the identification supplied must include details of your current residential address and signature.

<http://www.schools.nsw.edu.au/media/downloads/schoolsweb/studentsupport/programs/astp/forms/prof-of-id.pdf>

## Information to be read and retained by you

- *Important Information for Travel Support Officers* this leaflet provides clarification of the role and responsibilities for Travel Support Officers. You must be familiar with the requirements of the role of a Travel Support Officer prior to commencing services.
- Child Protection information and guidelines

In order to progress your application as soon as possible it is important that **ALL** of the documents in this package are completed correctly and forwarded to:

Records and Compliance Support Officer  
Assisted School Travel Unit  
Department of Education and Communities  
Locked Bag 9  
Wollongong East NSW 2520                      or                      Facsimile Number: 4224 9112

**Please note that incomplete applications cannot be processed and will be returned to you.**

### Next Step:

Following the successful completion of the Working with Children Background Check you will receive:

1. *Travel Support Officer Clearance Advice* letter;
2. *Transport Run Card* that provides details of the student you will be engaged to support;
3. *Payment Claim Forms* that you submit to the Assisted School Travel Unit;
4. *Travel Support Officer Payment Period End Dates Calendar* that will show when you are to submit payment claims; and
5. two copies of the *Transport of Students with Disability Travel Support Officer Agreement*. Before you start work you are advised to read this document carefully and if you agree with the terms and conditions of your engagement as a contractor with the Department, sign both documents and return **them** to the Assisted School Travel Unit. The Department will return a signed copy for your personal records.

You are encouraged to contact the Assisted School Travel Unit on telephone number 1300 338 278 if you have any questions or concerns.

Yours sincerely

Manager,  
Assisted School Travel Unit

## Explanatory Notes

The following notes are provided to assist you to complete the documents contained in this application package:

### 1. Taxation Information

The Department is required to withhold an amount from payments to Travel Support Officers where an Australian Business Number (ABN) or a Statement by Supplier (where the Travel Support Officer does not hold an ABN) is not provided. The withholding amount is 46.5% of the total payment.

It is your responsibility to determine whether or not you are entitled to an ABN. You can obtain advice from the Australian Taxation Office on 13 28 66, or by visiting [www.ato.gov.au](http://www.ato.gov.au) or from your tax adviser.

#### **Form A - Statement by a Supplier Form (Australian Taxation Office requirement)**

If you do not have an Australian Business Number (ABN) or are not entitled to an ABN, you may complete a Statement by Supplier form (if applicable) to ensure that amounts are not withheld unnecessarily. The reason for not quoting an ABN must be clearly identified on the statement. For example, if you are not carrying on an enterprise in Australia and you are not entitled to an ABN the appropriate box in the *Statement by Supplier* form should be marked accordingly.

### 2. Superannuation Guarantee Information

#### **Form B - Standard Choice Form (Australian Taxation Office form)**

The Department will make superannuation guarantee contributions under the Superannuation Guarantee (Administration) Act 1992 to all Travel Support Officers at the rate of 9% of payments. (Please note that superannuation guarantee payments are in addition to the hourly rate paid to Travel Support officers).

Different conditions that are related to the age of Travel Support Officers (as outlined hereunder) apply to the way the Department is required to make superannuation contributions to Travel Support Officers.

#### **a. For Travel Support Officers 64 years of age and under:**

To enable the Department to commence making superannuation contributions to your complying fund or the Department's nominated fund should you be approved to provide assisted travel services, you are asked to choose one of the following two options:

##### **Option 1**

As a Travel Support Officer you are entitled to nominate a **complying** superannuation fund of your choice (of which you are a current member) into which the Department's superannuation contributions will be paid. You can obtain further information on choosing a super fund by contacting the Australian Taxation Office on 13 28 64 or by visiting [www.ato.gov.au](http://www.ato.gov.au).

If you wish to nominate a superannuation fund please complete the following form [Standard Choice Form B](#)

**Option 2**

If you choose **not** to nominate a superannuation fund or if you do not return the Standard Choice Form, contributions will be paid into the Department's nominated fund, First State Super. An account will be established in your name and First State Super will report directly to you. You can obtain further information including the product disclosure statement by contacting First State Super on 1300 650 873 or by visiting [www.firststatesuper.com.au](http://www.firststatesuper.com.au).

The Department is not liable for the performance of the superannuation fund you choose or that of First State Super.

**b. For Travel Support Officers aged between 65 and 74 years of age**

To enable the Department to commence making your superannuation contributions you are asked to choose one of the following two (2) options depending on whether or not you satisfy the **work test**. To satisfy the work test, you must have worked as a Travel Support Officer for at least 40 hours in a period of no more than 30 consecutive days this financial year.

If you do not satisfy the work test you must receive the Department's superannuation contributions as a direct payment to yourself. If you do satisfy the work test you can elect to have the Department's superannuation contributions paid to you directly or you may choose for the Department to make payment to a complying fund of which you are a current member by completing the Standard Choice Form.

**Option 1 - Direct Payment**

Regardless of whether or not you meet the work test you may elect to receive the Department's superannuation contributions as a direct payment.

**Option 2 - If you meet the work test you may nominate a complying superannuation fund of which you are a current member**

If you meet the work test you may elect for the Department's superannuation payments to be made to a complying fund of which you are a current member by completing the attached *Standard Choice Form B*.

**c. For Travel Support Officers 75 years of age and over**

Superannuation contributions can only be paid as a direct payment to Travel Support Officers.

# Superannuation Guarantee Contributions for Assisted School Travel Officers Aged Between 65 and 74 Years of Age

**Please read in conjunction with the Explanatory Notes on page 4 of the Application Package for Assisted School Travel Officers**

## Direct Payment Election Form (please tick one)

**Name of Assisted School Travel Officer aged between 65 and 74 years or over:**

\_\_\_\_\_

- I do satisfy the work test and elect to receive the Department's superannuation contributions as a Direct Payment
- I do not satisfy the work test and will receive the Department's superannuation contributions as a Direct Payment

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**NB: This form must be accompanied by your completed Banking Details form to enable the Department to make the necessary payments.**

# Assisted School Travel Officer and Transport Run Information

## Assisted School Travel Officer Information

Position applying for	Assisted School Travel Officer	Relief Assisted School Travel Officer
Family Name		
First Name		
Mobile Phone Number		
Australian Business Number (ABN)* if applicable For further information, please refer to the explanatory notes on Page 2 of this package.		

## Run Information

Name of student to be supported	
Is the Assisted School Travel Officer the student's parent or primary carer? <i>(NOTE: if yes, the Assisted School Travel Officer will not receive payment for escorting the student to and/or from school).</i>	

Run Number:	
School Name:	
Operator/Contractor:	

If you are to work on an existing service and replacing an Assisted School Travel Officer, please provide his or her name below:

Existing service Assisted School Travel Officer Name:	
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# Banking Details Form for Assisted School Travel Officers

If engaged as an Assisted School Travel Officer (ASTO) and in order that you receive payment in a timely manner for your services, you are required to complete the following banking information and attach an account holder form or letter from your financial institution for verification and security purposes:

## Option 1: Direct payment into an account

Name of Financial Institution	
Branch Location	
BSB Number	-
Account Number	
Name of Account Holder	
Tax File Number (TFN) (mandatory for ASTO's only)	
ASTO's Name	

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

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

**NB: Direct payment by the Department to your nominated account is referred to as Electronic Funds Transfer (EFT)**

# 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 <input type="checkbox"/> Female <input type="checkbox"/>

<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>Drivers 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, assisted school travel officer and relief assisted school travel 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 Program on 1300 338 278.

# Agreement to Abide by Child Protection Requirements

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 Assistant Director, Assisted School Travel Program.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Run Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date