



Transport Application Form Little Treasures 2020

Participants Details

Participants Surname: _____

Participants First Name: _____

Date of Birth: _____

Residential address: _____

_____postcode:_____

Would you like to transport the Participant in the family car to and from the program?

Yes/no

If not please indicate which mornings and afternoons the Participant with require transport.

Wed/AM Thurs/AM Fri/AM

Wed/AM Thurs/AM Fri/AM

Address for transport

Does the Participant need to be transported to a location other than the residential home?

YES/ NO

If Yes please provide details including the alternate address?

Residential address: _____

_____postcode_____

Mobility

Does the Participant experience difficulties with mobility?

YES NO If yes please provide details: _____

Is the Participant transported in a wheelchair?

YES NO If yes, is it: Power wheelchair Folding wheelchair Fixed wheelchair

Health/behaviour

Please provide details of particular health problems and/or behaviour issues the driver should be aware of in order to transport the students safely. Please detail any strategies that will help in managing these issues when he/she is in the bus.

Specific seating requirements

Yes No If Yes please provide any details of any specific seating required to transport the student safely: (e.g. booster seat, etc.)

Emergency contact

(This should be someone in close vicinity to home. This contact will be used in the event of a parent/carer not being present at the agreed drop of address. This cannot be a person residing with the child)

Contacts Surname: _____

Contacts first name: _____

Relationship to Camper: _____

Business hours phone: _____ After hours phone: _____

Residential address _____

_____postcode_____

Terms and conditions

Please note: If a campers behaviour jeopardises the safety and wellbeing of other on the bus, the transport provided by the Spring Holiday Program may decline to transport the camper. In such cases, parents/ carer will assume responsibility for transport.

I certify that all particulars in this application are true and correct to the best of my knowledge. The emergency contact (as specified in this application form) is aware that in case of an emergency their contact details may be released to the bus driver. I also agree that should the above mentioned circumstances change and the Participant in my care is then transported by other means.



I have read and understood the criteria and conditions outlined in the above application

Parent/ guardian name: _____

Relationship to Participant _____

Contacts Surname: _____

Contacts first name: _____

Business hours phone: _____ After hours phone: _____

Residential address _____

_____ postcode _____

Email address _____