Travel Training Application Form

Please type directly into this form and save in Word format (rather than pdf) and email back. Or print and fill out by hand.

**Return** to: traveltraining@easylink.com.au or post to: PO Box 701 Dee Why NSW 2099

**Referring service details (*or* parent/carer/guardian details)**

Name

Position/relationship to client

Organisation

Phone and mobile

Email

**Client details (*or* your details, if you are applying for yourself)**

Name

Address

Email

Phone and mobile

Age

Are you of Aboriginal or Torres Strait Islander origin? Yes 🞏 No 🞏

Nationality/languages spoken

 *If English is not your first language, do you require an interpreter?* Yes 🞏 No 🞏

**Health information**

1. *Do you have any conditions that would affect your ability to use public transport?*

intellectual disability Yes 🞏 No 🞏

physical disability Yes 🞏 No 🞏

mobility problem Yes 🞏 No 🞏

mental health condition Yes 🞏 No 🞏

vision or hearing impairment  Yes 🞏 No 🞏

language or speech impairment Yes 🞏 No 🞏

medical conditions (e.g. diabetes, dizziness, epilepsy, recent fall) Yes 🞏 No 🞏

*If yes to any of these, please give details*

1. *Do you use any mobility aids?* Yes 🞏 No 🞏 *If yes, please give details*
2. *Are there any behavioural issues that we need to be aware of?* Yes 🞏 No 🞏

*If yes, please give details*

**Trip details**

1. *Where would you like to travel with public transport? What is this trip for?*
2. *How do you currently get there?*
3. *If there are multiple trips you want to do, what is your highest priority?*
4. *Have you used public transport on your own previously?* Yes 🞏 No 🞏

*If yes, please give details*

1. *Do you have specific needs or concerns that the travel trainer needs to consider?*
2. ***What aspects of the trip do you need assistance with?***

Catching trains, buses and ferries Yes 🞏 No 🞏

Buying and using Opal cards Yes 🞏 No 🞏

Planning a trip Yes 🞏 No 🞏

Knowing which services to catch Yes 🞏 No 🞏

Knowing where to get on and off Yes 🞏 No 🞏

Reading timetables Yes 🞏 No 🞏

Where to find more transport information Yes 🞏 No 🞏

*Any comments about these?*

1. *Would you like to learn how to plan trips using public transport? (you will need a computer/laptop/iPad or smart phone at home)* Yes 🞏 No 🞏
2. ***What are your travel skills?***

Safely cross the road and aware of road safety Yes 🞏 No 🞏

Judge the distance of approaching vehicles Yes 🞏 No 🞏

Read/recognise street signs Yes 🞏 No 🞏

Read/recognise bus number/ train station Yes 🞏 No 🞏

Remember routes and directions Yes 🞏 No 🞏

Tell right from left Yes 🞏 No 🞏

Read/ recognise time Yes 🞏 No 🞏

Use a mobile phone Yes 🞏 No 🞏

*Any comments about these?*

**Emergency contact details**

Emergency contact

Relationship to client

Emergency phone and mobile

Doctor’s name

Doctor’s phone

*How did you hear about the service?*

*Form completed by* *Date*

Office Use only

Contact person for follow-up: