Travel Training Application Form

Please type directly into this form and save in **Word** format (not pdf) and email back. Or print, fill out by hand, and scan or post back to us.

**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:

Gender:

DOB: Age:

Country of birth:

 *Do you require an interpreter?* Yes 🞏 No 🞏  *If yes, which language?*

Are you of Aboriginal or Torres Strait Islander origin? 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 condition (e.g. diabetes, dizziness, epilepsy, falls) Yes 🞏 No 🞏

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

 **PTO …/2**

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

Yes 🞏 No 🞏 *If yes, please give details*

1. Do you have specific needs or concerns that the travel trainer needs to consider? e.g. fear of dogs

Yes 🞏 No 🞏 *If yes, please give details*

**Trip details**

1. *Where (and when) 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. ***What aspects of the trip do you need assistance with?***

Buying and using Opal cards Yes 🞏 No 🞏

Planning a trip Yes 🞏 No 🞏

Knowing which trains/buses/ferries 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?*

 **PTO …/3**

1. *Would you like to learn how to plan trips using public transport? (you will need a computer/ laptop/ iPad or smart phone)* 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 🞏

 Stranger danger awareness 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:

Comments: