

# Safe Travel Plan Form - checklist



## The purpose of the Safe Travel Plan (STP) form is to:

- Understand the student's barrier to accessing transport
- Manage the risk associated with transport
- Keep the occupants of the vehicle and other road users safe

## There are five key stakeholders that play a role in establishing and implementing a safe travel plan:

### 1. Caregivers

- Provides information required for the STP

### 2. Schools

- Support the caregiver in completing the STP form
- Provide information required for the STP
- Provide information relating to the STP to the Transport Service Provider (TSP) when necessary

### 3. Learning Support (lead workers)

- Provides advice and any additional information required for the STP

### 4. Ministry of Education (School Transport Group)

- Conduct a risk assessment
- Arrange equipment (if required)
- Provide guidance to the TSP in implementing the STP

### 5. Transport Service Provider

- Implement the STP
- Liaise with the School regarding implementation of STP
- Liaise with the School and the Ministry regarding route design

## Student/caregivers profile

Name of student

Students date of birth

Name of caregiver

Relationship of caregiver to student (e.g. Aunt/Grandparent)

Gender of student

### Caregiver's emergency contact information (at least one required):

Mobile:

Home:

Address:

Secondary contact:

Shared custody arrangement? Yes/No

ORS funded?

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Yes

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No

## Neurodiversity/disability - medical

Please provide information regarding the student's medical condition (e.g. if the student is prone to seizures, a heart defect, breathing issues, allergies, etc). If the student is prone to seizures, it is important to know the type of seizure that may occur.

Are there any time constraints regarding the amount of time a student can be in a vehicle?

What resources might this student need access to (e.g. any medication the student takes, insulin shot, seizure plan, breathing apparatus, feeding tube)?

Please identify any indicators that may occur (e.g. blue lips, speech patterns, how they may use gestures to communicate emergencies).

Please ensure you submit any additional relevant documentation alongside this safe travel plan (seizure plan, doctors note, etc).

**Note:** Drivers will not administer medicine.

## Trauma/behavioural indicators

Please tick the relevant box:

	Yes	No	Occasionally
Biological (e.g. soiling, spitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removing clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggression (e.g. self-harm, verbal and/or physical aggression to others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexualised behaviour (particularly if there is an issue being around a certain gender)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental sensitivities (regarding light, sound, smell, heat, space/dimensions of a vehicle, change of physical surroundings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a student has any items of comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the student non-verbal (e.g. communicates using written words, symbols)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes or occasionally to any of the above, please provide detailed information here regarding the nature of the behaviour (e.g. known triggers that may provoke challenging behaviour).

## Guidance for completion:

Providing a full account of all required information will ensure we can provide the right level of support for the student's travel. If there is information we are not made aware of, the service will need to be reviewed which may result in the withdrawal of the type of service provided.

Please note that drivers are not allowed to touch any student, except in the cases of a serious and unexpected emergency requiring immediate action. Emergencies may include:

- Difficulty breathing e.g. due to anaphylactic shock, diabetic coma
- Chest pain
- Becoming unconscious
- Uncontrolled bleeding
- There's been a car crash and people are injured
- Student has a seizure and requires a response to ensure safety

You can find more information on our [website](#).

## Physical:

What type of physical assistance is required (e.g. in entering/exiting vehicle)? Is the caregiver able to provide this assistance during pick up/drop off at the home address?

If a wheelchair is used, please specify if it has any of the below features.

	Yes	No
• WC19 chair (if known)	<input type="checkbox"/>	<input type="checkbox"/>
• Manual	<input type="checkbox"/>	<input type="checkbox"/>
• Tilt	<input type="checkbox"/>	<input type="checkbox"/>
• Power Chair	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Up to 85kg		
<input type="checkbox"/> Between 85kg and 150kg		
<input type="checkbox"/> Between 150kg and 200kg		
<input type="checkbox"/> Greater than 200kg		

Is any specialist equipment required (e.g. oxygen tank, walking frame, buckle guard, car seat)?

## Escorted travel:

In certain situations, we may be able to accommodate an escort in our SESTA vehicles. We will only be able to accommodate this if there is enough space in the vehicle and other students will not be negatively impacted. School Transport does not fund travel escorts.

Does this student require a travel escort?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain why an escort is required.

Do you have a nominated person to act as a travel escort? If yes, please provide details.

## Guidance for completion:

*Drivers are not allowed to assist in the loading and unloading of a student into or out of a SESTA vehicle, apart from the necessary operation of the vehicle (e.g. activating the wheelchair hoist, securing the wheelchair tie-downs, opening the door and ensuring a step is available).*

## Vehicle requirements:

*It is important to note that we cannot guarantee any vehicle or driver preferences will be accommodated. Please tick the relevant box.*

A Total Mobility Vehicle is required

**Yes**

**No**

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If yes to above, would the home address specified allow for a Total Mobility Vehicle to safely load/unload? This requires a flat ground area of at least 3 meters clearance for lowering the hoist. Please outline any risks that could occur when loading/unloading.

A car could be used instead of a van

**Yes**

**No**

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Please provide details regarding student's ability to share a vehicle (how many other people can be in the vehicle with the student, can they travel with the opposite gender, does the student need to be in a specific seat location and/or sitting position).

## School Contact Information:

*Should the Ministry need to speak to someone at the student's school about this application, please provide the following contact information.*

Name:

Position (e.g. Special Educational Needs Coordinator or Occupational Therapist)

Contact number:

Email address:

## School and caregiver declaration:

### I declare:

*The information in this form is true and correct*

*The caregiver has been involved in creating this safe travel plan (if completed by the school)*

*I will ensure any additional safety requirements that are communicated to the transport service provider are also communicated to the Ministry*

### Signed:

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*Full name*

*Signature*

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*Relationship to student*