

# Expressions of interest: Assisted Travel Support Officer

**Equal Employment Opportunity (EEO)** - The Department of Education promotes workplace diversity and equal employment opportunity. Successful ATSO applicants are expected to work as part of a team with their driver, whatever their background and regardless of whether they are male or female. ASTP's priority is to get students to and from school safely and reliably, and cannot allocate ATSOs to transport runs based on their personal beliefs or preferences.

## How to apply

Thank you for your interest in becoming an Assisted Travel Support Officer (ATSO). Please complete the following information so that we can place you on our list of available ATSOs.

1. Obtain a Working With Children Check (WWCC) number from <https://ocg.nsw.gov.au/>
2. Complete the free anaphylaxis e-training for schools and childcare workers at <https://www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare>. Save a copy of the certificate when finished and attach a copy with this form.
3. Obtain a tax file number declaration online via myGov ATO Online Services, following the instructions at <https://www.ato.gov.au/forms/tfn-declaration/>. Attach a digital copy of the declaration with this form.
4. Email this completed form and attach all supporting documents to [atso.astp@det.nsw.edu.au](mailto:atso.astp@det.nsw.edu.au)

## Personal information

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Middle name(s): \_\_\_\_\_

Previous name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Country of birth: \_\_\_\_\_ Town of birth: \_\_\_\_\_

Do you identify as Aboriginal and/or Torres Strait Islander?  No  Prefer not to say

Yes, Aboriginal  Yes, Torres Strait Islander  Yes, both Aboriginal and Torres Strait Islander

Gender: \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_

Residential address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Main phone number: \_\_\_\_\_ Other phone number: \_\_\_\_\_

Email: \_\_\_\_\_

WWCC number: \_\_\_\_\_ WWCC expiry date: \_\_\_\_\_

Tax File Number (TFN): \_\_\_\_\_

Are you current in providing first aid, or believe to have the capacity to complete a first aid course?

Yes  No

How did you find out about us? \_\_\_\_\_

## Emergency contacts

### Emergency contact 1

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Main phone number: \_\_\_\_\_ Other phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Residential address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### Emergency contact 2

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Main phone number: \_\_\_\_\_ Other phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Residential address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

## Work preferences

Please tick () the days and times you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have a preference to work for a specific school(s), please provide the details below:

School name: \_\_\_\_\_

School address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

If you have a preference to work for a specific contractor, please provide the details below:

Contractor name: \_\_\_\_\_

Run number: \_\_\_\_\_ Transport area: \_\_\_\_\_

## Document checklist

Your application will not be processed until all the following documents are received.

- [Personal and bank account details form](#)
- [Tax file number declaration \(digital copy\)](#)
- [Superannuation \(super\) standard choice form](#)
- WWCC confirmation letter
- [Declaration for child-related work: nationally coordinated criminal history check](#)
- [Nationally coordinated criminal history check: application and informed consent form](#)
- Four identity documents (as outlined on [page 2 of the NCCHC form](#))
- Anaphylaxis e-training certificate (not required to be signed by a supervisor for this application)
- First aid certificate (optional)

## Declaration

I declare that:

- all the information provided in this application is, to the best of my knowledge, true and correct
- I have read and understood the [Department of Education Code of Conduct](#)
- I have read and understood the [Responding to Allegations Against Employees in the Area of Child Protection](#) and [Child protection – NSW Ombudsman](#)
- I have read and abide by the department's child protection policies:
  - [Child Protection Policy: Responding to and reporting students at risk of harm](#)
  - [Child Protection: Allegations Against Employees](#)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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