



# Travel Training Application Form

Please complete as much as you can. We will complete the rest during the Assessment interview.

## Referring service details (or if you are completing this form for someone else)

Name

Position/relationship to client

Organisation

Phone and mobile

Email

## Client details

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

*Do you have any health conditions that would affect your ability to use public transport, such as a disability (intellectual, physical), mobility problem/use a mobility aid, mental health condition, medical conditions (e.g. diabetes, dizziness) or vision/hearing impairment?*

Yes  No  *If yes, please give details*

*Are there any behavioural issues that the travel trainer needs to be aware of?*

Yes  No  *If yes, please give details*

## Trip details

*Where would you like to travel with public transport? What is this trip for?*



Have you used public transport on your own previously? Yes  No

*If yes, please give details*

*Do you have specific needs or concerns that the travel trainer needs to consider?*

**What aspects of the trip do you need assistance with?**

Catching trains, buses and ferries	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Buying and using Opal cards	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Planning a trip	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Knowing which services to catch	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Knowing where to get on and off	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reading timetables	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Where to find more transport information	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**What are your travel skills?** (if a person with disability)

Safely cross the road and aware of road safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Judge the distance of approaching vehicles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Read/recognise street signs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Read/recognise bus number/ train station	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Remember routes and directions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tell right from left	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Read/ recognise time	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use a mobile phone	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**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**