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.

**Return** to: [info@livingskillstraining.com](mailto:info@livingskillstraining.com) or post to: 4 Stratford Close, Asquith NSW 2077

**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?*

**Health information**

*Do you have any conditions that may 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 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. *When would you like the training to begin?*
5. *How far can you walk to and from transport? Up to \_\_\_\_\_\_\_ minutes or \_\_\_\_\_\_\_ metres*
6. ***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. *Have you used public transport on your own previously?* Yes 🞏 No 🞏

*If yes, please give details*

1. *How do you learn best? (e.g. written instructions, verbal instructions, pictures, repetition)*
2. *Would you like to learn how to plan trips and use travel Apps? (you will need a smart phone)* Yes 🞏 No 🞏
3. ***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?*

1. **If you have NDIS funds, how are they managed?**

Self-managed 🞏 Plan Manager 🞏 Nominee managed 🞏 No funds 🞏

1. **Emergency contact details**

Emergency contact:

Relationship to client:

Emergency phone and mobile:

*How did you hear about the service?*

*Form completed by:* *Date*