

**Referral Form Travel Training Program**

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Address as attention Travel training program.

This project covers the Bankstown, Campbelltown, Camden, Fairfield, Liverpool  
Wollondilly, Wingecarribee area

**Referees Details**

Organisation

Name/Position

Contact Details

Email address

**Applicant Details**

Applicants Name

Date of Birth

Nationality/ Languge spoken

Phone Number

Residential Address

Male  Female

Pension/Benefit type

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Medical Conditions/Disability

Reason for referral Travel Training program

Any Additional information

**Emergency Contacts Details**

Family Name

Given Name

Contact Number

Address

**Travel Training Client Survey**

Name:

Date:

1. What are your main concerns about using transport?
  - \_Cost
  - \_Accessibility
  - \_Timetables
  - \_Safety
  - \_Comfort
  - \_Other
2. Have you caught public transport before? (if yes where and do you still)
  
3. Where would you travel to if you could use public transport?
  
4. Do you rely on anyone for your transport needs? If so how often?
  
5. Do you know what transport is in your area? Do you know where to get it from?
  
6. Is there a destination venue/ service you are unable to go too because you don't know how to get there

TRAVEL TRAINING CONSENT FORM

I .....here by give permission for South West Community Transport Travel Training Project to receive my personal information from and share information with the following organisations/ people, that will help with my travel training.

This information will not be shared with anyone who I have not given permission to-

The referring organisation/person Yes / No  
This being.....  
.....

Family member Yes / No .....

Other.....

I would like a copy of my Travel Training Plan, Final Travel Training Report/ Assessment to be forwarded to the following people as well as myself (please circle Yes or No)-

The referring organisation/person you Yes / No  
This being.....

Family member- Yes / No.....

Is there anybody else you would like your information sent out to- Yes/ No  
If yes please provide contact details .....  
.....  
.....

Signed..... Date.....

Please Print your Name:.....

Information given will be treated as confidential and will not be released to a third party with out prior consent from client