**Specialised School Transport Assistance (SESTA)**

**Appeal Against Decision**

|  |  |
| --- | --- |
| How do I complete this form? | Part A of this form should be completed by, or in discussion with, the caregiver. This is then sent to Learning Support at the Ministry’s local office who will provide additional information to inform the process before it is sent to the Ministry’s National Office to process. |

|  |  |
| --- | --- |
| What if I am unhappy with the decision the appeal panel makes? | The appeal panel's decision is final on matters of eligibility, entitlement and current Ministry policy.  If you feel that the due process was not followed, you may wish to re-appeal. You may only do this if there is a technical problem with the decision or the way it was made. A technical problem should relate to the way the Ministry followed the agreed appeal process. For example, the panel taking the decision was not made up of the appropriate Ministry staff, Learning Support was not invited to provide comment on the appeal application form or incorrect supporting information was provided to the appeal panel.  If you wish to re-appeal on the process followed, you should address this request to the National Manager Service Delivery: School Transport, at the address listed at the end of this application form. Your request must be made within 15 working days of the date you were advised of the appeal panel’s decision. |

#### Section A – Caregiver details & reason for review

**Student details**

|  |  |  |  |
| --- | --- | --- | --- |
| Student name |  | | |
| Date of Birth |  | Gender |  |
| Home address |  | | |
|  |  | | |

**Caregiver details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | |
| Contact phone number | home |  | work |  | mobile |  |

**Details of school attended by student**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School |  | | | |
| Contact name |  | | Position |  |
| Contact phone number | work |  | mobile |  |

**Reason/s for review**

|  |  |  |  |
| --- | --- | --- | --- |
| What assistance has been approved? | □ Conveyance allowance to nearest school able to meet the students’ needs.  □ Conveyance allowance to school attended  □ Place in a taxi/minibus/total mobility vehicle  □ Other (please specify): | | |
| Please indicate which aspect/s of the decision you are requesting to have appealed  Please give as much information as possible to explain the reasons for the appeal request. If necessary, please use additional paper.  You may also want to attach any relevant material to support the appeal request – for example a report from a professional who knows the child well (e.g., school, doctor, therapist). | □ eligibility  □ nearest school | | □ type of entitlement  □ level of entitlement |
| Please describe why you believe the decision should be appealed. | | | |
| Additional Information Attached: □ yes □ no | | If yes, number of pages: | |

Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Caregiver please print

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

School Principal please print

**Once part A of this form has been completed and signed, it should be returned to the local Ministry Learning Support office.**

#### Section B – Additional information from Learning Support

|  |  |
| --- | --- |
| Student Name |  |

**Manager Learning Support contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact name |  | | |
| Position |  | | |
| Region |  | District |  |

**Eligibility – supporting information**

|  |  |  |  |
| --- | --- | --- | --- |
| School attended  Learning Support to complete distance information.  Service agent to complete distance information. |  | Distance to home | km |
| Closest school student can enrol at |  | Distance to home | km |
| If an appeal disputes the nearest school, please describe whether there are any valid reasons why the student cannot attend the identified closest school?  Include a brief description of the student’s specialised needs and why the student cannot enrol at the closest school they can enrol at.  If there are valid reasons, include a brief description of the student’s special educational needs and why the nearest | | | |
| If an appeal is on the grounds of eligibility (safety and/or mobility), please provide any information, as appropriate, to support the application for SESTA.  Include a brief description of the student’s specialised needs and why they cannot travel independently or use public/school transport. | | | |
| Please attach any additional information that you feel appropriate to inform the panel decision. | | | |

**Additional information**

I confirm that:

1. I have seen and commented on all additional information provided by the caregiver/school;

**🞏 Yes 🞏 No** If ‘No’ please explain why below

1. I still agree with my decision on the original SESTA application;

**🞏 Yes 🞏 No** If ‘No’ please explain why below

|  |
| --- |
| Please provide any additional information below that will inform the review process.  Include here any information you feel will be useful to the process – including any relevant historical or local information.  Include here any information you feel will be useful to the process – including any relevant historical or local information. |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Manager Learning Support please print

**Completed and signed parts A&B should be forwarded to the School Transport Team at the Ministry of Education, National Office, PO Box 1666, Wellington 6140, or via email:** [**school.transport@education.govt.nz**](mailto:school.transport@education.govt.nz)

#### Section C – Additional information from School Transport

|  |  |
| --- | --- |
| Date received: |  |
| Student Name: |  |

**Cost details**

|  |  |  |  |
| --- | --- | --- | --- |
| Current provision:  Detail type of provision and cost per trip |  | Cost: | $ |
| Requested provision: |  | Cost: | $ |
| Any previous assistance: |  | Cost: | $ |

**Home to school distance**

|  |  |
| --- | --- |
| Distance information under section B completed? | □ yes □ no |

**Alternative Options**

|  |
| --- |
| Please detail below any alternative options for transport that may not previously have been considered (eg, conveyance allowance, taxi sharing, bus, car-pooling, etc): |

**Additional information**

|  |
| --- |
| Please provide any additional information below that will inform the appeal process:  Include here any information you feel will be useful to the process – including any relevant historical or local information. |

|  |
| --- |
| ***Please ensure that a copy of the original request for SESTA is attached to this form.*** |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Advisor please print

Checklist (School Transport Team):

* All documents attached
* If a regional appeal on “closest school” send documentation to Manager Learning Support at Regional Office to conduct appeal
* Send full documentation to National Manager Service Delivery: School Transport