# APPLICATION FOR ASSISTANCE WITH TRANSPORT FOR A CHILD WITH SPECIAL EDUCATIONAL NEEDS

Before completing this form, please read the guidance notes contained in the 'Statutory Age Transport Policy 2018-21’.

# PART A

Part A of this form is to allow us to make a decision regarding assistance with transport. Please sign and date the declaration on page 4. If Part A is incomplete, we may not be able to make a decision.

|  |
| --- |
| **HOME CONTACT DETAILS** |
| Child’s Name | Date of Birth |
| Parent / Carer’s Names |
| Home Address (including postcode) |
| Home Telephone | Work Telephone |
| Email address | Mobile Telephone |

|  |
| --- |
| **SCHOOL ATTENDANCE DETAILS** |
| School Name | Transport required from |
| Does your child have an Education Health and Care Plan naming this school?Please do not send a copy of the EHCP – we have access to SEN files. | Yes No |
| Type of placementDaily Attendance Weekly / fortnightly boarding Half termly / termly boarding |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| School start time |  |  |  |  |  |  |  |
| School finish time |  |  |  |  |  |  |  |

|  |
| --- |
| **OTHER CONTACTS** |
| Is your child ‘looked after’ by Social Care? | Yes No |
| If yes, by which Local Authority? |  |
| Does your child have an allocated Social Worker? | Yes No |
| Name of allocated Social Worker |  |

|  |
| --- |
| **TRANSPORT BY PARENT, FAMILY OR OTHER ADULT** |
| Parents are legally responsible for ensuring that their child attends school regularly, and for doing all that is reasonably practicable to bring about their child’s attendance. Local Authorities have a responsibility to provide assistance with travel to and from qualifying schools and colleges for children and young people aged 5-16 in certain circumstances. |
|  |
| Do you receive the Mobility Component of Disability Living Allowanceon behalf of your child?*This helps to give us an understanding of your level of need.* |  | NoYes - Lower Rate Yes - Higher Rate |
|  |
|  |
| Are you able to organise transport to school for your child?*A personal travel budget can be arranged which is payable half termly in advance which reimburses the costs of transporting your child to school in your own vehicle.* | Yes No*If you tick ‘Yes’, we will contact you to discuss paying you a personal budget for transport.* |
| If you are unable to organise transport to school, please explain why not.*If you have other children who you take to school or nursery, please give their names, date of birth and details of the school or nursery they attend.**If you have a disability which makes it impossible for you to take your child to school, please supply medical evidence.* |

Can your child walk on safe routes? Can your child use public transport?

If no, please explain why not.

*Please describe the journey between your child's home and school. Please include approximate timings and particular hazards. You may find the Transport for London journey planner (www.tfl.gov.uk) useful.*

**WALKING AND PUBLIC TRANSPORT**

|  |  |  |
| --- | --- | --- |
| Yes | Yes if escorted | No |

|  |  |  |
| --- | --- | --- |
| Yes | Yes if escorted | No |

Please indicate if any of the following apply to your child

Please explain how your child's special needs affect your ability to transport him or her to school

**SPECIAL EDUCATIONAL NEEDS**

|  |
| --- |
| Behavioural and emotional difficulties |
| Communication difficulties |
| Speech and Language difficulties |
| Learning Difficulties |

|  |
| --- |
| Hearing Impairment |
| Visual Impairment |
| Physical difficulties |
| Autism |

|  |
| --- |
| **MEDICAL NEEDS** |
| Does your child have epilepsy? | Yes No |
| Does your child require suctioning? | Yes No |
| Does your child have any other medical condition which transport operators should be aware of? | Yes No |
| If your child has epilepsy, or another condition which operators need to be aware of, please provide the following information. If emergency medication or other treatment is to be provided (particularly if Rectal Diazepam or Buccal Midizolam is indicated) then, for the safety of the passenger, we will need to provide training to a passenger assistant before transport can be provided. Transport will not be provided until any necessary training has been undertaken.* What signs and symptoms are evident when a fit is imminent?
* What action is a passenger assistant required to take?
* What treatment is to be provided?
* What specialist knowledge and skills is a passenger assistant required to have?

Please provide a copy of your child's school care plan. Please attach further sheets if necessary. |

|  |
| --- |
| **INFORMATION** |
| * Any agreement to provide transport assistance will be for the current academic year only, unless explicitly stated otherwise. Further application will be required annually if provision is to be continued.
* The information provided on this form will be held on computer and is subject to the provisions of the General Data Protection Regulation.
* We will use the information on this form to process your application for assistance with transport. This data will be used for the purposes of administering the pupil transport scheme on behalf of the London Borough of Sutton, and for DFE statistics.
* We will share information on this form with any agencies who may be involved in transporting or assisting with your child's journey to school where this is necessary for the running of that service.
* We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information for the same purposes, with other organisations which handle public funds.
* These purposes, and the disclosures to third parties they imply, are included in the registration. Your personal data will otherwise be kept secure and confidential in all respects.
 |

|  |
| --- |
| **DECLARATION** |
| Please read the following declaration. We will not process your application if you do not sign and date the declaration.* The information I have given on this form is complete and accurate. I will inform you immediately of any change in my circumstances at any time which might affect my entitlement to assistance. I understand that if I give you false information, or fail to give complete information, you may withdraw or re-assess transport provision. I agree to the information above being shared with any agencies who may be involved in transporting or assisting my child as a result of this application.
* I will write and tell you immediately if my child leaves / transfers to a different school or college, or if my home address changes. I understand that if this happens then my child may no longer be eligible to receive travel assistance.
* If financial assistance is provided to me or on my behalf, and is, for whatever reason, an amount which is more than I am entitled to, I will pay back any amount in excess of my entitlement.
 |
| Signature |
| Full Name | Date |

**Return to:**

**Cognus Ltd, Transport Team**

**24 Denmark Road, Carshalton, SM5 2JG or by email to:** **sen.transport@cognus.org.uk**

# PART B

Part B of this form is information we need to set up suitable transport. If Part B is incomplete, we may have to contact you again to ask for further details.

|  |
| --- |
| **ASSISTANCE WHILE TRAVELLING IN A VEHICLE** |
| Passenger Assistants are only provided where necessary for safety reasons.Do you consider your child requires an assistant (in addition to the driver of the vehicle)? | Yes No |
| If so, are you able to travel with your own child? | Yes No |
| Please explain why an assistant is necessary, or why you are not able to travel. We typically provide an assistant only for children with SEN aged under 7. |

|  |
| --- |
| **THE LAW ON CAR SEATS** |
| Children up to 3 years old **MUST** use an appropriate child car seat. Children aged 3 and above **MUST** also use an appropriate car seat until they reach either age 12 or 135cm (4ft 5in) in height.If your child is aged under twelve, please state your child's height and weight so that an appropriate seat can be provided: |
| Height:  | Weight:  |
| This form will be returned to you if you do not complete this section, possibly delaying your application |

|  |
| --- |
| **SPECIAL REQUIREMENTS** |
| Can your child climb a few steps to get into a vehicle? | Yes No |
| Does your child use a wheelchair or special buggy? | Yes No |
| If so, can he/she transfer out of their wheelchair into a seat to travel? | Yes No |
| Are any additional supports or restraints required for your child when travelling? |
| If your child requires us to transport a buggy, walking frame or other piece of equipment to school, please give details of size and weight. |

|  |
| --- |
| **SPECIAL SEATING AND CHAIRS** |
| If your child needs to travel seated in a wheelchair or buggy, please complete the following section. |
| Make | Model | Year of manufacture |
| Is this wheelchair crash-tested for use on transport? | Yes No Don’t know |
| If your child uses a wheelchair or buggy then please state your child’s height and weight below, even if they are aged over 12 or would otherwise not require a car seat or booster. This form will be returned to you if you do not complete this section, possibly delaying your application.Height Weight If known, what restraints are required to secure the seat in place? |

|  |
| --- |
| **TRAVEL NEEDS** |
| Is your child ever incontinent? | Yes No |
| Does your child suffer from travel sickness? | Yes No |
| Does your child carry medication on transport? | Yes No |
| If you have answered ‘yes’ to any of these questions, please give details. Please attach further sheets if necessary. |

|  |
| --- |
| **ANY OTHER INFORMATION** |
| Please tell us any other information which you feel the transport provider should know about your child. |

|  |
| --- |
| **EMERGENCY CONTACTS** |
| For the safety of your child, we need two emergency numbers within the London Borough of Sutton where we can contact a relative or other responsible adult. We will use these contacts if we cannot contact you at your home address or at the contact numbers on the front of this form. These **MUST** be different to the home contact on the front page. |
| Name | Name |
| Relationship *(e.g. grandparent, family friend, etc)* | Relationship |
| Address (including postcode) | Address (including postcode) |
| Telephone numbers | Telephone numbers |

|  |
| --- |
| **ETHNIC MONITORING** |
| We would be grateful if you could complete this section to indicate your child's ethnic background. This will be used within Sutton to provide statistical data for monitoring purposes. Please tick the appropriate box: |
| **White or** |  |  | British | **Black or** |  |  | African |
| **White British** |  |  | Irish | **Black British** |  |  | Caribbean |
|  |  |  | Gypsy / Roma |  |  |  | Other black background |
|  |  |  | Other white background |  |  |  |  |
|  |  |  |  | **Mixed** |  |  | White & Black African |
| **Asian or** |  |  | Indian |  |  |  | White & Black Caribbean |
| **Asian British** |  |  | Pakistani |  |  |  | White & Asian |
|  |  |  | Bangladeshi |  |  |  | Other mixed background |
| Other asian background |
| **Chinese** |  |  | Chinese | **Other** |  |  | Any other background |

|  |
| --- |
| **FOR OFFICE USE** |
| Child Name | Child Ref # |
| School | Is this a re-application to thesame school? |
|  |  | Yes |  | No |
| Travel distance – walking | Travel distance - vehicle | Child NCY |
| Assistance agreed? Yes NoPA required? Yes NoMedical PA required? Yes NoCWS check clear? Yes No | Assistance agreedIndependent travel training Personal Travel Budget Bus / train passPrivate bus service (PUP) LA transport (eg minibus) Other (describe) |
| Start date | Analysis codeSutton Primary Sutton Secondary Sutton Special Outborough Independent CollegeAlternative Provision Personal Travel Budget |
| End date |
| Notes / other conditions |
| Approval Signature | Date |

**2019\_TRAP v6.0 March 2019**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Return to:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

**Cognus Ltd, Transport Team**

**24 Denmark Road, Carshalton, SM5 2JG or by email to:** **sen.transport@cognus.org.uk**