

**APPLICATION FOR TRAVEL ASSISTANCE FOR A CHILD WITH**

**SPECIAL EDUCATIONAL NEEDS and/or DISABILITIES**

Before completing this form, please read the policies for guidance.

* If your child is in year 11 or below, please read the Home to School Travel Assistance Policy 2022-23. [Home to School Travel Assistance Policy 2022/23](https://www.sutton.gov.uk/-/getting-around-transport-for-children-and-young-people-with-an-education-health-and-care-plan-ehc)
* If your child is in year 12 or above, please read the Post-16 Travel Assistance Policy 2022-23. [Post-16 Travel Assistance Policy 2022/23](https://www.sutton.gov.uk/-/getting-around-post-16-travel-assistance)

**PART A**

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

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| **HOME CONTACT DETAILS** | | |
| Child / Young Person’s Name | | Date of Birth |
| Child / Young Person’s Home Address (including postcode) | | |
| Name of Parent / Carer 1 | | |
| Home Telephone | Work Telephone | |
| Email addresses | Mobile Telephone | |

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| Name of Parent / Carer 2 | |
| Home Address (including postcode) if different from above | |
| Home Telephone | Work Telephone |
| Email addresses | Mobile Telephone |

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| **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 above. These **MUST** be different to the phone numbers already provided. | |
| Name | Name |
| Relationship *(e.g. grandparent, family friend, etc)* | Relationship |
| Address (including postcode) | Address (including postcode) |
| Telephone numbers | Telephone numbers |

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| **SCHOOL / EDUCATION SETTING ATTENDANCE DETAILS** | | | | | | | | |
| Name of School / Setting | | | | | | Date travel assistance is required from | | |
| Does your child have an Education Health and Care Plan naming this school / setting?  Please do not send a copy of the EHCP – we have access to these | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | |
| Type of placement   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | Daily Attendance |  | Weekly / fortnightly boarding |  | Half termly / termly boarding |  | | | | | | | | | |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | | Saturday | Sunday |
| School start time |  |  |  |  |  | |  |  |
| School finish time |  |  |  |  |  | |  |  |
| If your child is at a post-16 college, what course are they doing? | | | | | | | | |

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| **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/contact details of allocated Social Worker | | |
| **TRANSPORT BY PARENT, FAMILY OR OTHER ADULT** | | |
| Parents / carers 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 Allowance on behalf of your child?  *This helps to give us an understanding of your level of need.* | | |  |  | | --- | --- | |  | No | |  | Yes - 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 a disability which makes it impossible for you to take your child to school, please supply medical evidence.* | | |

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| **WALKING AND PUBLIC TRANSPORT** | |
| Can your child walk on safe routes? | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Yes |  | Yes if escorted |  | No | |
| Can your child use public transport? | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Yes |  | Yes if escorted |  | No | |
| If you have answered ‘no’ to either or both question(s), 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.* | |

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| **SPECIAL EDUCATIONAL NEEDS** |
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| Please tick if your child has any of the following needs |
| |  |  | | --- | --- | | Specific learning difficulties (SpLD) |  | | Moderate learning difficulty (MLD) |  | | Severe learning difficulty (SLD) |  | | Profound and multiple learning difficulty (PMLD) |  | | Social, emotional and mental health (SEMH) |  | | Autistic spectrum disorder (ASD) |  | | Visual impairment (VI) |  | | Hearing impairment (HI) |  | | Multisensory impairment (MSI) |  | | Physical disability (PD) |  | | Other: please state what the needs are |  | | ‘SEN support’ but no specialist assessment of type of need (NSA) |  |   Please explain the impact of your child’s needs on travelling to school: |

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| **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 Buccal Midazolam 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 seizure 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? | |

**PART B**

If transport is required, 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.

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| **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 | |
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| Please explain why an assistant is necessary, or why you are not able to travel. We typically provide an assistant only for children with SEND aged under 7.  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 12, please state your child's height and weight so that an appropriate seat can be provided  Height:  Weight: | |

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| **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? | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | |
| 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. | |

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| **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.  Height \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If known, what restraints are required to secure the seat in place? | | | |

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| **TRAVEL NEEDS** | |
| Is your child ever incontinent? | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | |
| Does your child suffer from travel sickness in motor vehicles ? | |  |  |  |  | | --- | --- | --- | --- | |  | 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.  Please tell us any other information which you feel the transport provider should know about your child.  For example, what makes a car/bus journey better or worse for your child? | |

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| **ETHNICITY 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 |
|  |  | Traveller / Irish Traveller |  |  | Other black background |
|  |  | Gypsy / Roma |  |  |  |
|  |  | 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 |
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| **INFORMATION** |
| * Any agreement to provide travel 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 electronically 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 travel. This data will be used for the purposes of administering the pupil transport scheme on behalf of the London Borough of Sutton, and for Department for Education 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. |

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| **DECLARATION** | |
| Please read the following declaration. We cannot 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 travel assistance 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 |

**Please return this form to:**

**Cognus Limited, Assisted Travel Team**

**First Floor, Cantium House, Railway Approach, Wallington, SM6 0DZ**

**or by email to: assistedtravelteam@cognus.org.uk**