****

**APPLICATION FOR TRAVEL ASSISTANCE**

**FOR PUPILS WITH SPECIAL EDUCATIONAL**

**NEEDS (SEN)**

**GUIDANCE FOR COMPLETION BY PARENTS / CARERS**

This form must be completed by Parents/Carers who wish to apply for travel assistance for pupils with an Education, Health and Care Plan (EHCP) or pupils without an EHCP who have medical needs which might make them unable to attend school unaided. Bolton Council’s current policy on the provision of travel assistance for pupils with Special Educational Needs is available on our website: [www.bolton.gov.uk](http://www.bolton.gov.uk) or by contacting the team on: 01204 337957.

For pupils with an EHC Plan we apply the same general eligibility criteria as for other pupils. Where, due to the individual needs of the child, the journey to school cannot be undertaken safely even when accompanied, the Local Authority will assess the need for travel arrangements to be made.

Parents with a disability who are unable to accompany their child to school, who would otherwise need to be accompanied, will need to complete a separate form available from the contact number above.

Applicants must fully complete the form. The information will be used to assess whether you will be entitled to travel assistance for your child. We will store this information safely and securely on Bolton Council’s local area network. We may share this information with schools and transport operators and the NHS where necessary. We will only keep this personal information for as long as the law specifies or where the law does not specify this, for the length of time determined by our business requirements and in line with the council’s data retention policies.

Please submit your travel assistance application as soon as possible but before

31 March for secondary aged pupils and 20 May for primary aged pupils, for the school year starting in September. You may still submit applications after this date, but please note it may take longer than the usual 30 days to put travel assistance in place if granted.

If assistance is declined, you will be notified in writing, outlining reasons for the decision.

If you disagree with the decision, you may request a review by completing the Review of Decision/Appeal form which will be included with your travel assessment notification letter.

**Please note that it is the legal responsibility of the parent / carer to ensure their child attends school regularly, including the period during this application process.**

If your child has an Education, Health and Care Plan and is permanently resident in Greater Manchester they may be entitled to a free travel pass from Transport for Greater Manchester for use on public transport if they are:

##### You are without natural speech, the use of both arms (including profoundly deaf and without speech, or profoundly deaf with speech that cannot be readily understood by a person who can hear normally)

##### You are unable to walk 100m (110 yards) without stopping, severe discomfort or help from another person.

##### You are a partially sighted person or have a profound or severe hearing loss

##### You have a learning disability that must have started before adulthood and have a lasting effect on development. The person should be able to qualify for specialist services and he or she may have had special educational provision.

* **(If you are still in education)** you can provide the front page of your Education, Health and Care Plan [EHCP] issued through your local authority education department. This qualification criteria only applies to the child learning application process.

You can apply for this pass by downloading the form from Transport for Greater Manchester’s website <https://tfgm.com/tickets-and-passes/passes-for-disabled-people>.

****

**Application for Travel Assistance to School**

|  |  |  |
| --- | --- | --- |
| **Name of Pupil** |  | |
| **Date of Birth** |  | |
| **Home Address**  **(including postcode)** |  | |
| **Parent / Carers’ names**  **(Both yours and your partner’s name if at same address)** |  | |
| **Contact Details**  **Emergency Contact** | **Landline**  **Mobile**  **Email** |  |
| **Name**  **Mobile**  **Relationship to Child** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name and address of school to which travel assistance is required. Please give specific school site location** | |  | | | | | | | |
| **Date required from:** | |  | | | | | | | |
| **Year Group** | |  | | | | | | | |
| **Current school (if different)**  **How does your child currently travel to this school?** | |  | | | | | | | |
| **Does your child have an Education, Health and Care Plan?**  **If yes, is the school named in your child’s EHC Plan as:**   * **Your nearest appropriate school** * **A school the Local Authority have chosen to meet your child’s needs** * **A school of your own choice (**if you tick this box, please give your reasons below for not choosing the Local Authority’s recommendation) | | | | | **Yes**  **Yes**  **Yes**  **Yes** | | **No**  **No**  **No**  **No** | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Do you agree to the person assessing this application having access to your son/daughter’s EHC Plan to assist in the determination of entitlement to travel assistance?** | | | | | **Yes** | | | **No**  **You will need to provide relevant supporting evidence** | |
| **Please supply details of any specific learning difficulty or disability which impacts upon the young person’s ability to travel between home and school accompanied as necessary by an adult.**  **Please tell us how this affects walking, or using public transport for example** | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Please explain why you, or another appropriate adult, are not available to take your child to school?** (This may include other members of your family or friends)  **Parents working arrangements are not deemed to be exceptional circumstances.** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **Do you have any other children aged 16 or under living at the same address, if so please list below** | | | | | | | | | | |
| **Name** | **Age** | | **Year Group** | **School** | | **School Times** | | | | |
|  |  | |  |  | |  | | |  | |
|  |  | |  |  | |  | | |  | |
|  |  | |  |  | |  | | |  | |
|  |  | |  |  | |  | | |  | |

|  |  |  |
| --- | --- | --- |
| **Are you entitled to free school meals (FSM) for your child(ren) or in receipt of your maximum Working Tax Credit (WTC)?**  **Please provide a copy of either; your FSM authorisation letter or Maximum WTC document** | **Yes** | **No** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Does your child have a bus pass?**  **If no, have you applied for a National Concessionary Pass from Transport for Greater Manchester?** | | | **Yes**  **Yes** | **No**  **No** | |
| **In your opinion is your child able to travel on public transport safely?** | | | | |
| **On their own** | **Yes** | **No** | | |
| **With support** | **Yes** | **No** | | |
| **If not, why not?** | | | | |

|  |
| --- |
| **Has your child ever been assessed to determine their ability to be travel trained?**  **Yes /No** |
| **If yes, were they suitable or not suitable?** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the family have a car? Yes / No** | | | |
|  | | | |
| **Please provide any additional information you may think relevant as the council considers your request for SEN travel assistance (**e.g., if your child is not attending the nearest school, why not? Why you are requesting travel assistance)  **Evidence must be provided from a professional supporting the information given where necessary unless this has already been provided previously.** | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| **It may be possible for the Council to provide you with an amount of money to enable personalised travel arrangements that best and most flexibly suit the needs of your child and family.**  **Would you be interested in receiving a personal travel budget to make your own arrangements for travel?** | | **Yes** | **No** | **Maybe** | |

**Please note.**

**It is important that this form is fully completed to enable us to determine your eligibility for support and if successful, provide the most appropriate travel solution.**

**APPLICATION FOR TRAVEL ASSISTANCE**

**Parent / Carer Declaration**

I declare that the information provided on this form (including the Travel Assistance Needs form below) is correct. If circumstances change on any areas of the form, I will notify the Council immediately.

Following this assessment, the Council will decide what form of home to school travel assistance will be awarded.

If the Council agrees to provide travel assistance for my child, I understand:

* This will be stopped if any information on this form is found to be incorrect.
* **Any help with travel provided will be subject to an annual review.  The type of transport or level of support may change to reflect the changing needs of the pupil.  Travel support may not be necessary as the child grows older and if they become more independent.**
* I must notify the Integrated Transport Unit of any change of circumstances e.g.: change of address, which may affect my child’s entitlement to travel assistance. This may also result in a change to the type of travel assistance awarded.
* The Council may withdraw travel provision if the behaviour of my child presents a health & safety risk to themselves or others whilst travelling on the transport.
* My child needs to be ready at the agreed pick-up point at the agreed time, each morning.
* The Council will use the information provided to protect public funds by detecting and preventing fraud.

The welfare of your child is of paramount importance. In order to keep your child safe and secure it may be necessary for us to contact health teams to discuss your child’s medical needs and care plans or to contact your child’s setting to discuss your child’s needs. Any information shared will be kept securely in line with data protection legislation.

We will store your information safely and securely on Bolton Council’s local area network. We may share your information with schools, transport operators and the NHS where necessary. We will only keep your personal information for as long as the law specifies or where the law does not specify this, for the length of time determined by our business requirements and in line with the council’s data retention policies.

For further information regarding your rights please refer to the Privacy Notice at [www.bolton.gov.uk](http://www.bolton.gov.uk/)

Bolton Council will collect and use the information you supply in this form (including the Travel Assistance Needs form below) for the purposes of school transport. We will not share this information with anyone else unless the law allows us to do so. Further information in respect of how we handle your personal information is available at:-

<https://www.bolton.gov.uk/data-protection-freedom-information/privacy-notices>

If completed on behalf of someone else this must be declared when signing.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Print name:** |  |
| **Date:** |  |
| **Please now complete the attached Travel Assistance Needs Form below.** | |
| **Travel Assistance Needs –Please complete**  **If your application is successful, the information you give below will help ensure you child is transported safely. Please disclose any issues/risks which the Driver/Passenger assistants need to be aware of.** | | |

|  |  |
| --- | --- |
| **Pupil’s Name:**  **Date of Birth:** | **Parent/carers contact details: (Mobile/email)** |
| **Home address :** | **School name and address:** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please confirm the days and times your child will be in school** | | | | | | | | | | |
|  | **MON** | | **TUES** | | **WED** | | **THUR** | | **FRI** | |
| **Start time am** |  |  |  |  |  |  |  |  |  |  |
| **Finish time pm** |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **General** | **Applies**  **Yes/No** | **Further details including any assistance required** |
| Behaviour |  |  |
| Learning |  |  |
| Sensory |  |  |
| Physical |  |  |
| Communication |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mobility** | **Applies**  **Yes/No** | | **Further details including any assistance required** | |
| Walks unaided |  | |  | |
| Walks slowly unaided |  | |  | |
| Minimal support required |  | |  | |
| Uses walking aid |  | |  | |
| Has to travel in wheelchair |  | |  | |
| If can only travel in wheelchair please give details below:  make:  model:  manual /powered/folding | | | | |
| **Behaviour** | | **Applies**  **Yes/No** | | **Further details including any assistance required** |
| Anxious / worried | |  | |  |
| Verbally challenging | |  | |  |
| Physically challenging | |  | |  |
| Absconds | |  | |  |
| other – specify | |  | |  |

|  |  |  |
| --- | --- | --- |
| **Communication and Sensory Issues** | **Applies**  **Yes/No** | **Further details including any assistance required** |
| Visual impairment |  |  |
| Hearing impairment |  |  |
| Limited or no verbal communication |  |  |
| Sign language used |  |  |
| Uses gestures/points |  |  |
| Communication device used |  |  |
| Understanding limited |  |  |
| English not first language |  |  |
| Other- specify |  |  |

|  |  |  |
| --- | --- | --- |
| **Medical details**  **If your child has been issued with an Individual Healthcare Plan (IHP) you must attach it to this application**  **PLEASE DO NOT ATTACH THE EDUCATION, HEALTH AND CARE PLAN (EHCP)** | | |
|  | **You must provide further details of assistance required and list the emergency rescue medication your child has been prescribed. For example buccal, inhalers,EpiPen,etc** | |
| Epilepsy  (uncontrolled/controlled) please specify | Yes/No |  |
| Asthma | Yes/No |  |
| Suction | Yes/No |  |
| Nasogastric or Gastrostomy | Yes/No |  |
| Oxygen | Yes/No |  |
| OTHER – SPECIFY including allergies, Diabetic, incontinent. | | |

Bolton Council will collect and use the information you supply in this form for the purposes of school transport. We will not share this information with anyone else unless the law allows us to do so. Further information in respect of how we handle your personal information is available at:-

<https://www.bolton.gov.uk/data-protection-freedom-information/privacy-notices>

**Signed …………………………………………………..Dated……………………………………**

Please return the form to:

Bolton Council

Integrated Transport Team

Mayor St Depot

Ellesmere St

BOLTON

BL3 5DT or email [ITU.applications@bolton.gov.uk](mailto:ITU.applications@bolton.gov.uk)