

TRAVEL ASSISTANCE APPLICATION FORM FOR CHILD/YOUNG PERSON WITH A STATEMENT OR EDUCATION, HEALTH & CARE PLAN



(Form updated April 2017)

In accordance with the Bournemouth Special Educational Needs / Disabilities (SEND) Travel Assistance Policy, July 2016:

Eligibility Criteria

Before the Local Authority can consider a request for travel assistance, there must be:

- A Statement (SEN) or Education, Health and Care Plan in place (EHCP), or confirmation that the statutory process is underway for the child / young person.
- Evidence to confirm that the child / young person is resident within Bournemouth or that the Council is financially responsible.
- A fully completed and signed travel application form, together with any required supporting evidence (i.e. proof of low income / parental disability).
- Evidence to confirm that the student meets the main criteria for travel assistance, which falls under the following categories of either; i.) statutory walking distance criteria, ii.) low income family criteria, iii.) complex SEN and / or disability criteria, or iv.) parental / carer disability criteria.

Post 16 Students

For students who are in the Post 16 phase of their education, travel assistance is discretionary, not mandatory, and they must also meet the following criteria:

Post-16 students will normally also meet criteria a, b, c, d and e documented below:

- **a. Type of course:** the student's course is regarded as full time education and deemed to be appropriate to both their needs and ability
- **b. Age range:** the student is aged 16-25
- **c. Location:** the student is attending the nearest educational setting that is able to offer a place on an age and need appropriate course
- **d. Residence:** the student is resident within the Borough
- **e. Needs:** the student is unable to travel to an appropriate educational setting or training provider in the same way as other young people of their age

Travel Assistance, if eligible, can only be granted for a maximum of 1 year and re-application will be required on an annual basis.

What is the travel assistance for?

- Travel between home and educational / training setting.
- Only for travel at the start and end of the educational / training day. Travel Assistance will not be provided for other times than the standard school day, nor for respite care.
- Only for travel to and from a qualifying catchment setting; if the catchment school is full, then the nearest school with an available space. For students attending a special unit or school, it will be the nearest, suitable special school or unit with a place available.
- For Post 16 Students, the pupil must be in a suitable 6th form, college, specialist setting or working with a recognised training provider.

Please note: The Local Authority does not have a duty to agree travel assistance if the child attends a non-qualifying setting, as it is 'parental preference'.

Please note: Full information must be given and incomplete applications will be returned with no action taken.

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Is this a new application or a review application?	New <input type="checkbox"/> Review <input type="checkbox"/>
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1. Child and young person Information

Child / Young Person's name	
Child / Young Person's address	
Postcode	
Child / Young Person's DOB	
Parent(s)/Carer(s) name & initials	
Parent(s) / Carer(s) telephone number	
Emergency contact name and telephone number (if different from above)	
Does the child / young person have an Education, Health & Care Plan or Statement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child over the age of 16 or due to turn 16 within the next 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. School / Educational Setting Information

Name or School or Educational Setting					
Address of School or Setting					
Postcode					
Telephone					
Period of attendance	FromTo				
For Post 16 Students Only: Please provide course name and length of course					
<i>Days Attending</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
Start Time:					
Finish Time:					

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Is this your child's designated school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not the designated school, please explain the reason for this choice of school	
Does your child have any siblings at the chosen school? * If so, what are their names and dates of birth?	*Please note that eligibility does not create a precedent for a sibling; each case will be treated individually.

3. Travel assistance eligibility

Can this child / young person travel independently?	Yes <input type="checkbox"/> No <input type="checkbox"/> please give reasons:
If the child / young person is not able to travel independently, is there a family member or trusted friend who can transport them to school or are you able to transport them in a family vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/> please give detail and reasons:
Has your child completed any Independent Travel Training?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

4. Reason for your Request for Travel Assistance (Must Meet Eligibility Criteria)

<p>Distance Grounds - Do you feel you meet this criteria? <i>Travel assistance may be given when a child lives beyond a particular distance from his or her qualifying school, as below:</i></p> <ul style="list-style-type: none"> a) <i>A child under 8 years of age who lives more than 2 safe walking miles from the school</i> b) <i>A child aged between 8-16 years who lives more than 3 safe walking miles from the school</i> 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes', please give reasons:</p>
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<p>Income Grounds – Do you feel you meet this criteria?</p> <p>If you are in receipt of <u>both</u> of the following and can supply evidence, you may be entitled to assistance with travel from home to school on low income grounds:</p> <ul style="list-style-type: none"> • Receiving Free School Meals • Receiving the maximum level of Working Tax Credit 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'yes' please attach supporting evidence to this form.</p>
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Please note that if you have selected 'yes' to Income Grounds above, statutory walking distance criteria will also apply. Please refer to the SEND Travel Assistance Policy 2016, which is available on the Council's website.

If you are applying for travel assistance on low income grounds you must return a current copy (not your originals) of your proof of receipt of benefits with this form. Please note that this will be reviewed annually and if your circumstances change your child may no longer be eligible for free school Travel Assistance and as such, you must notify the Council.

<p>Child / Young Person's Medical / Disability Grounds – Do you feel you meet this criteria?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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If you have answered 'yes' to Medical / Disability Grounds above, please select a reason below or write the reason why you feel you meet this criteria and attach supporting evidence:

Long-term severely restricted independent mobility

This can include:

A physical disability which may necessitate the daily use of a significant mobility aid(s) such as a wheelchair

A medical condition resulting in severe persistent pain / and or extreme fatigue

A medical condition resulting in serious, persistent health and safety risks

An exceptional lack of age-appropriate independence skills

This can include:

Severely restricted communication skills, e.g. profound hearing impairment, severe autism, severe language disorder

A sensory impairment resulting in significantly restricted mobility, e.g., severe visual impairment

A significant learning disability, e.g., a child with severe learning difficulty, e.g., a child who is unable to assess risk and adapt to everyday situations

Severe behavioural, emotional, and/or social difficulties, in comparison with other children of their age

Other, please specify:

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<p>Parents / Carers with a Disability – Do you feel you meet this criteria?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'yes', please give reasons and attach supporting evidence to this form:</p>
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Exceptional Circumstance – please give any further details relevant to this application below:

Please note the parents' / carers' work commitments cannot be considered as a reason for travel assistance funding, in accordance with Council Policy

5. Needs of the Young Person requesting travel assistance

Please tick as applicable	
Is this young person a wheelchair user?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'yes', please tick relevant box	Manual <input type="checkbox"/> Electric <input type="checkbox"/> Folding <input type="checkbox"/>
Make and model of wheelchair	
Any other special equipment required to be used whilst travelling? Please state. <i>e.g. Crutches, Gait Trainer, Standing Frame, Walker, Sticks, Oxygen Cylinder</i>	

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6. Please complete Risk Assessment:		Specific Behaviour or Issue	Is this a Past or Current Concern? (please tick)	
Please indicate / advise if your child experiences any of the below:			Past	Current
1.	Physical Behaviours	Threatening physical behaviour		
		Injury to others		
		Use of weapons/objects		
2.	Verbal Behaviours	Swearing		
		Obscene, sexual or discriminatory language		
		Threatening or actual verbal aggression		
3.	Attempts to Run Away	Runs away from home/school etc.		
		Tries to escape adult care		
4.	Damage to Property	Own property		
		Public property		
		Others' property		
5.	Socially Inappropriate Behaviours	Distracts/interferes with others activities		
		Intimidates or annoys others		
		False allegation/ tells lies		
		Invades personal space		
6.	Sexual Behaviours	Touches people inappropriately		
		Undresses in public		
		Masturbates openly		
7.	Habits	Displays stereotypical behaviour		
		Displays unacceptable habits		
		Displays ritualistic behaviours		
8.	Health	Has severe allergies		
		Has any other severe medical condition		
		Refuses medication		
		Requires emergency medication		
9.	Epilepsy	Well controlled Epilepsy		
		Unpredictable or unstable Epilepsy		
		Requires emergency medication		
10.	Vulnerability	Easily taken advantage of		
		Has sensory defects or sensitivity		
		Has no sense of danger		
		Will remove seatbelt		
11.	Attitude to Rules	Manipulates to own advantage		
		Hostile to people in authority		
12.	Self-Injurious Behaviour	Hits self, head butts, bites self		
13.	Inflexible Behaviours	Difficult behaviours displayed even if prepared for change		
		Difficult behaviours displayed to unforeseen change		
		Reliant on routine		
14.	Response to Emergency Evacuation	May refuse to move		
		Has a disability which may prevent an appropriate response		
15.	Mobility	Wheelchair user manual/powerd		
		Uses other walking aids		
		Needs physical support to move		
16.	Communication	Has communication difficulties		
		Is non verbal		
		English not first language		
17.	Bodily Functions	Incontinent/ wears nappies or pads		
		May vomit or regurgitate		
Any other areas of concern that you would like to tell us (use over page at end of form if required):				

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CAR USERS: Bournemouth Borough Council operates a Fuel, Wear & Tear claim system should your application for Travel Assistance be successful.
(the current allowance is 23p per mile for in Borough journeys)

Do you drive and have access to a vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered 'yes' to the question above, an offer of 'fuel, wear and tear' payments is usually offered to eligible families. If you would not be able to take your child to school, please state reasons why not here:	
If eligible, we may offer of a parent / child Bus Pass, if this is not suitable for your child, please explain reasons why not here:	
With travel training, could your child / young person travel independently in future?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Could the young person travel to school independently using public buses if we issued you with a bus pass?	Yes <input type="checkbox"/> No <input type="checkbox"/>

7. For Post 16 Students, this section must be completed: Evidence of Benefits

Please tell us what benefits you receive for your son or daughter. **You will need to provide evidence of these**

Type of Benefit	Tick if in receipt
Income Support (IS)	
Employment and Support Allowance (ESA)	
Disability Living Allowance (DLA) or Personal Independence Payments (PIP)	
Child Tax Credit (CTC) - up to the level of income (as assessed by the Inland Revenue) which will qualify the family for help with health costs.	
Working Tax Credit (WTC) - up to the level of income (as assessed by the Inland Revenue) which will qualify the family for help with health costs.	

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Declaration

I declare all the information I have provided is true, I also understand that any allegation or false or fraudulent information could result in the Council taking reasonable steps to ascertain the accuracy of the information. If the information is found to be false it could result in the young person losing their allowance to Travel Assistance.

I understand that the information provided via this form will be used to ensure that the SEN team can assess eligibility for Travel Assistance and the Passenger Travel Assistance staff (Travel Co-ordinators & Escorts) have the information, training, support and equipment needed to plan and maintain safe and efficient school travel.

I also understand that if travel assistance is granted, it will be withdrawn from immediate effect if it is determined that the child / young person or parent / carer has been verbally or physically aggressive and / or abusive towards Council staff, this includes escorts and taxi companies procured by the Council.

The Council may hold the information in both computerised and manual record systems. Information will be held and used in compliance with the Data Protection Act 1998. I understand I am able to see a copy of the information held about me/my young person. I understand that for further information about this I can ask for a copy of the Council's data protection leaflet or I can visit the Council's website at www.bournemouth.gov.uk.

I also understand that should our address or if information concerning medical/benefits change, I will notify the Council immediately as I understand that my eligibility will need to be reassessed. I also understand that should our address change, advance warning is required not only to ensure eligibility, but to ensure that the Passenger Travel Assistance Team have enough time to make provision changes.

Parents/Carers signature

Date

Evidence to be sent with this application:

Important! Please check that all questions have been answered and that you have provided all information requested by ticking the boxes below. Your application will be delayed if any of the following information is not enclosed with this form.

I enclose (please tick as appropriate):

- Benefits evidence *
- Medical evidence *

Required only if 'distance criteria' is not met. See section 4 above.

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TO BE COMPLETED BY THE SENCO FOR SCHOOL / COLLEGE USE ONLY

8. Statement by the school's Special Educational Needs Co-ordinator	
In your opinion, could this young person travel independently to school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, could they travel independently if they were to take part in travel training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any significant medical/behavioural/mobility/moving and handling issues that will require more detailed assessment to ensure adequate control measures, information, training, and support for Travel Assistance purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'yes', please supply, on an attached sheet or list below, any relevant extracts of information from care plans/risk assessments/behaviour management strategies/violent incident history and/or complete a Travel Assistance Risk Assessment Form.	
I certify that the details included on this form are correct to the best of my knowledge.	
Signed	Date
Name	
Job title	
Telephone	

9. Where to send your completed form and evidence
Please return this form to either:
Email: CYPSSenAssessmentTeam@bournemouth.gov.uk using secure email or via our secure website portal (<i>please contact the SEN Team on 01202 456168 if you do not have a log-in account</i>)
Postal Address: SEN Assessment Team (THE/3), Bournemouth Council, Town Hall, Bourne Avenue, Bournemouth BH2 6DY
<i>This form will be used for the assessment for Travel Assistance provision. Parents will then be informed of the outcome. When Travel Assistance is agreed, the parent will be issued with a summary policy for Travel Assistance for pupils to special schools, which includes a policy for standards of behaviour on school Travel Assistance. The parent/carer will be required to sign an agreement as a condition of receiving Travel Assistance.</i>
Students who have been refused Travel Assistance – The Right of Appeal <i>Parents / carers of students who have been refused travel assistance can appeal against the decision and the case will be reviewed. There are certain circumstances where the Local Authority will not approve requests for travel assistance. Please refer to the separate Travel Assistance Policy for full details, which is available on the Council's website.</i>

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TO BE COMPLETED BY THE SEN OFFICER FOR INTERNAL USE ONLY

10. Assessor Recommendation	
Is this the nearest suitable school that can meet your child / young person's needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the child / young person eligible for travel support?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, on what grounds?	
Most appropriate means of travel	
Reason	
Is a 1 to 1 Passenger Assistant required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give reasons i.e. Supervision, Assistance etc.	
Should Travel Training be considered?	
Any other comments?	
Expected Start date of Assistance (if approved)	
Signed	
Date Forwarded to PTU	

TO BE COMPLETED BY THE PASSENGER TRAVEL ASSISTANCE TEAM

11. Approval	
Date received into PTU	
Actioned by	
Date risk assessment completed	
Form of Travel Assistance	
Cost (per day)	
Projected cost per school year	
Start date	
Date completed form sent back to SEN team	
Date parent notified	