

**Independent travel training (ITT) student referral questionnaire**

<b>Student details</b>			
Student name			
Date of birth		age	male / female
Home address (include postcode)			
Home telephone number			
Mobile telephone number (obtain via parent)			
<b>Parent/carer details</b>			
Parent/carer names			
Parent/carer telephone numbers			
Home			
Mobile			
Parent/carer email address			
Parental agreement signed (date)			
Please note: parental agreement to be signed at the introduction session. Permission to include use of student photograph for promotion of ITT scheme			
<b>Referral details</b>			
Parent informed of referral (date)			
Please note: referrer must inform parents of the referral prior to submission.			
Referral date			
Referral by (name and job title)			
Referrer telephone number			
Referrer email address			
Establishment destination (where student would like training to access)			

Educational establishment attended (include address with postcode)	
Key staff member	
Telephone number	
Email	
<b>Current transport details</b>	
Transport provider	
Contact number	
Driver name	
Contact number	
Passenger assistant name	
Contact number	
Cost - £ per year	
Concessionary travel pass held or date applied for	
Details of current journey patterns to school / college (for example Monday to Friday)	
<b>Additional information</b>	
Does student have Education, Health and Care Plan (EHCP)?	
Student's SEN, disability or medical condition that may affect the students ability to travel independently	
Student's abilities (reading and understanding levels)	
Student's experience (including road safety skills, travel on public transport and danger awareness)	
Journey that the student is expected to learn, including day and time	
Student's motivation to make this journey	
Parents/carers views	
Expected time frame for completing the training	

Additional information that may be relevant to the referral			
Travel trainer's comments/recommendations			
<b>Further information</b>	yes	no	comments
Has student undertaken any previous level of travel training?			
<b>Can student:</b> recognise the dangers of crossing the road?			
use a pelican/pedestrian crossing?			
cross streets safely, without using a recognised crossing?			
learn to remember routes and directions?			
travel on foot unescorted?			
travel by bus with support?			
read a bus number?			
request help from an appropriate source?			
maintain their own personal safety?			
deal appropriately with strangers?			
<b>Does student:</b> have any physical problems that may restrict their ability to travel?			
have any allergies or phobias?			
have any behavioural problems that may restrict their ability to travel independently?			
have national travel scheme disabled persons bus pass?			

Please return completed referral questionnaire via the following postal or email address.

- By post: Cheshire West and Chester Council (Education Service – School Planning and Policy Team – Floor 3 - Nicholas House FAO: Barbara Crane), c/o 4 Civic Way, Ellesmere Port, CH65 0BE
- Email: [schoolplanningandpolicy@cheshirewestandchester.gov.uk](mailto:schoolplanningandpolicy@cheshirewestandchester.gov.uk)
- Telephone: 0300 123 7039

For further information relating to the travel training referral form and process, please go to the Cheshire West and Chester Council website (school and college transport).

Form update: 21 September 2017