

Cheshire West and Chester Council

Medical needs application for assistance with home to educational establishment transport for children and young people with a short term physical difficulty

1. Details of learner

Full name of learner

Date of birth

Age

as at 1 September of the current academic year

Address

Postcode

Current educational establishment

New educational establishment (if transferring)

Date of transfer (if transferring)

If the learner's attendance is part time, please specify days / hours

Does the learner currently receive home to educational establishment transport?

Yes

No

Does the learner have any school age brothers or sisters?

Yes

No

If yes, please provide details of age and current school

Please provide details of parents / carers in box one. If there is only one parent / carer, please provide an alternative family member/friend we can contact in emergencies in box two.

Box one: parent / responsible person(s)

Telephone number:

Relationship to learner:

Box two: alternative emergency contact

Telephone number:

Relationship to learner:

2 Parent / carer details

Title

First name

Surname

Address

(If different from the address given for the learner)

Postcode

3. About the learner

Does the learner have a medical condition?

Yes No

If yes – please provide information regarding the condition, for example, what is the condition, how does it affect him / her, is there medication to be transported with the learner, are there any specific warning signs to look out for?

Does the learner have a physical disability?

Yes No

Does the learner use a wheelchair?

Yes No

Is the wheelchair manual or motorised?

Does the learner travel in the wheelchair?

Yes No

If yes – please provide more details about the impact of his / her disability on accessing public transport or making journeys independently

If no, is the wheelchair to be transported to the educational establishment with the learner?

Yes No

If the wheelchair is to be transported, can the learner transfer themselves in and out of the vehicle?

Yes No

Is the learner able to walk to the educational establishment?

Yes No

If no – please explain

Please attach any supporting documentation to this application which confirms any statements you may have made above. Examples of these may be: letters or statements from doctors, other health professionals or social workers. Professional evidence should be provided by an individual who is suitably qualified to give a professional opinion on the medical or social circumstances.

Has the learner ever been trained in independent travel? Yes No

If yes – when, by whom and at what level?

4. Family circumstances

Does your family have the use of a car? Yes No

Do you or the learner receive disability living allowance (DLA)? Yes No

If yes, please indicate what level is received

Care component: lowest middle highest

Mobility component: lower higher

Have you or the learner received a vehicle through the mobility scheme? Yes No

Or

Do you or the learner receive personal independence payment (PIP)? Yes No

If yes, please indicate what level is received

Daily living component: standard enhanced

And / or

Mobility component: standard enhanced

Have you or the learner received a vehicle through the mobility scheme? Yes No

Do you want hardship, to be considered? Yes No

If the learner is of compulsory school age (aged between four to sixteen), are you in receipt of either of the following?

Free school meals or maximum level of working tax credit

Please tell us about any other family circumstances that you think are relevant to your application, for example, your employment situation

Please provide any additional information to support your application. This should include why you think the learner needs assistance to the educational establishment and why you cannot make your own arrangements to provide this assistance, for example, does the learner have communication difficulties or require specialist equipment (for example, oxygen, zimmer frame, kaye walker, etc). Please also include any alternative addresses to which transport may be required, ie out of school clubs. If necessary, please continue on a spare sheet of paper and enclose this with the application form.

5 Type of assistance that may be offered

It should be noted that should the council agree to help with the learner's travel assistance, it is required to provide travel options, not particular modes of transport. All arrangements for travel assistance will be at the council's discretion, taking account of the learner's needs and best value principles.

Travel arrangements will take the form of the following:

- personal travel budget (PTB) (for example, to help meet the cost of using your own car)
- independent travel training (ITT) (all students will be assessed for this training)
- bicycle allowance
- travel pass for use on public transport (bus / rail)
- travel pass for use on school and college operated bus services
- council contracted taxi / minibus / bus services
- passenger assistant only.

6 GP's contact details

Please confirm that you are happy for the medical needs team to contact the learner's GP in order to substantiate your application - I agree

GP's name

Surgery address

Surgery telephone number

7 Declaration

I declare that the information I have provided above is complete and true, and that I will inform the council if any of the above details change.

Signed Date

Name of person completing form on behalf of applicant

We need your personal data to provide the home to school service you are applying for. We may also use it for prevention and detection of fraud. We will keep your personal data safe and secure and will not share it with other organisations or disclose it to anyone else without your consent, unless we are required by law to do so. Sometimes we collect personal data for one council service and need to use it to give you another service. Do you agree that the data collected in this form can be used for other council purposes?

I agree

8 Assistance with the application form

If you are experiencing difficulties completing the application form, please contact the medical needs assessment team by email: MedicalNeeds@cheshirewestandchester.gov.uk

9 Please return the completed application form to:

Medical Needs Assessment Team
Tarvin Meadow Professional Centre
Meadow Close
Tarvin
Cheshire
CH3 8LY

Email: MedicalNeeds@cheshirewestandchester.gov.uk

Where possible, applications are processed within ten working days. Please ensure all sections are completed, as incomplete applications may have to be returned to you, which will delay the application process.