

Cheshire West and Chester Council Children and Young People's Services

Application for travel assistance to educational establishments for children and young people with a statement of Special Educational Needs (SEN) or Education Health and Care Plan (EHCP) or Disability

1. Learner details:

Full name of learner:

Date of birth: age as at 1 September 2017 male female

Address:

Postcode:

2. Educational establishment details:

Current educational establishment:

New educational establishment (if transferring):

Date of transfer (if transferring):

Date travel assistance is required to commence:

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

Is the learner currently in receipt of home to educational establishment travel assistance? Yes No

Does the learner have any school age brothers or sisters? Yes No

If yes, please provide details of age and current school:

3. Parent/carer details:

Title

First name

Surname

Address
(if different from the address given for the learner)

Postcode

Telephone numbers: landline: mobile:

Email address:

4. Emergency contact details:

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

Telephone number:

Relationship to learner:

Box two: parent/responsible person

Telephone number:

Relationship to learner:

5. About the learner:

Does the learner have a statement of special educational needs, or education, health and care plan, or disability?

Yes No

If yes, provide information on the impact of the learner's special educational needs or disability:

Child's height (cms) (to determine size/type of car seat required):

Does the learner have a physical disability? Yes No

Does the learner use a wheelchair? Yes No

Does the learner need to travel in the wheelchair? Yes No

Wheelchair type: powered manual

Wheelchair make and model:

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

Does the learner have a medical condition, which you think impacts on their ability to walk? Yes No

If yes, please provide more details regarding the condition e.g. what is the condition, how does the condition affect him/her, is there medication to be transported with the learner, are there any specific warning signs to look out for:

Is the learner able to walk to the educational establishment accompanied by an adult? Yes No

If no, please explain:

Please attach any supporting documentation to this application to verify 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 received training in independent travel? Yes No

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

6. 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

If attending a college, has the learner applied for any other form of support from the college? Yes No

Do you want hardship, to be considered? Yes No

Please tell us about any other family circumstances that you think are relevant to your application, e.g. your employment situation:

7. Additional information:

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

8. 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.

A spare seat on an existing vehicle may be offered, subject to availability. Should your child not be eligible for travel assistance, please indicate if you would like them to be considered for a spare seat.

Yes No

9. 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:

We need your personal data to provide the home to educational establishment 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**

10. Assistance with the application form:

If you are experiencing difficulties completing the application form, please contact the SEN Team via email senteam@cheshirewestandchester.gov.uk or telephone 0300 123 7039

11. Please return the completed application form to:

Post:

Cheshire West and Chester Council
SEN Team (Floor 2)
Civic Way
Ellesmere Port
CH65 0BE

Email: senteam@cheshirewestandchester.gov.uk

Where possible, in year applications are processed within ten working days (Please note applications for the new academic year will be processed during the summer term). Please ensure all sections are complete as incomplete applications may be returned to you, delaying the application process.

For office use only:

Application approved (eligibility code)

Application decline (reason)

PTB offered (date)

PTB accepted (date)

PTB declined (date)

Application to transport commissioning service (date)