

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 Special Educational Needs (SEN) or pupils with medical needs which might make them unable to attend school unaided or parents with a disability who are unable to accompany their child to school. Bolton Council's Policy on the provision of travel assistance for pupils with Special Educational Needs is available on our website: www.bolton.gov.uk or by contacting the team on: 01204 332139.

Applicants must fully complete the form as the information will be used to assess whether your child may be entitled to travel assistance. Once the form has been received, you may be contacted to discuss the next steps.

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 writing to the Manager of Pupil and Student Services or the Manager of the SEND Team if your child is of compulsory school age and has a Statement of SEN/EHC Plan, outlining your reasons and providing evidence where appropriate. The postal address is on the bottom of this form.

Applicants should allow approximately 30 days from the application to travel assistance commencing.

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 a Statement of SEN/EHC Plan they may be entitled to a free travel pass from Transport for Greater Manchester for use on public transport if they:

- are registered blind;
- are profoundly deaf and cannot speak or have limited speech that is difficult to understand; or
- have learning disabilities.
- cannot use both of your arms;
- cannot talk;

You can apply for this pass by contacting the Pupil & Student Service.

APPENDIX A



Name of Pupil		
Date of Birth		
Home Address (including postcode)	_____ _____ _____ _____	
Parent(s) / Carer(s) names		
Contact Telephone Number (s)	Landline	
Email address	Mobile	
	Email	

Name of school to which travel assistance is required.	
Year Group	
Current school (if different) How does your child currently travel to this school?	

Does your child have a Statement of Special Educational Needs or Education, Health and Care Plan?

Yes

No

If yes, is the school named in your child's statement/EHC Plan:

- Your nearest appropriate school
- A school the Local Authority have chosen to meet your child's needs
- A school of your own choice

Do you agree to the person assessing this application having access to your son/daughter's EHC Plan/Statement to assist in the determination of entitlement to transport?

Yes

No

Details of Need

(Please supply details below, continue on separate sheet if required and attach to application).

Does your child have a mobility impairment? (If yes, please specify and provide medical evidence)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Is the child a wheelchair user? If yes, please supply the type:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have to travel in their wheelchair?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Are you, or another appropriate adult available to take your child to school? (This may include other members of your family or friends) If yes, please specify. If no, please specify why not and if this is due to a parents disability please provide supporting medical evidence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you have any other school age children? (If yes, please list all other children living at the same address)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name	Age	Year Group	School	School Times	

Does your child cycle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Does your child have a bus pass?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, have you applied for a National Concessionary Pass from Transport for Greater Manchester?	<input type="checkbox"/>	<input type="checkbox"/>

In your opinion is your child able to travel on public transport safely?			
Yes, on their own	<input type="checkbox"/>	Yes, with support	<input type="checkbox"/>
No, even if they have support	<input type="checkbox"/>		
If not, why not?			

Has this young person been assessed to determine their ability to be travel trained by Pure Innovations Ltd?

No **Please complete the referral form**

Yes and suitable **Date of assessment**

Yes and not suitable **Date of assessment**

How many buses / trains would you / your child need to catch to travel to school?

One **Two** **Three**

Does the family have a car?

No **Yes, one** **Yes, more than one**

Please provide any additional information you may think relevant as the council considers your request for SEN Transport Assistance (eg if your child is not attending the nearest school, why not) Evidence must be provided from a professional supporting the information given.

APPLICATION FOR TRAVEL ASSISTANCE

Parent / Carer Declaration

I declare that the information provided on this form is correct at this moment in time. If circumstances change on any areas of the form, I will notify the Council immediately.

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.
- The provision of transport will be reviewed on a regular basis (minimum annually).
- Any change of circumstances e.g.: change of address, 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.
- Following this assessment the Council will decide what form of Home to School travel assistance will be awarded.

Signed:	
Print name:	
Date:	

Please return your completed application to:

Pupil & Student Services
c/o Bolton SICT
Smithills Dean Road
Bolton
BL1 6JT