

APPLICATION FOR TRAVEL ASSISTANCE **FOR POST 16 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/college unaided 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. You must also complete the Independent Travel Training Referral Form to determine the child's ability to travel independently as this will be used as part of the determination of entitlement to travel assistance. If approved, travel assistance could be a reimbursement of petrol expenses where parents have access to a vehicle, approval of independent travel training or if there is no alternative provision a taxi/seat on a mini bus.

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 of the decision by writing to the Manager of Pupil and Student Services outlining your reasons and providing evidence where appropriate. The postal address is on the bottom of this form.

Applicants should allow approximately 60 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/college 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.

Further information regarding Bolton Council's post 16 transport assistance policy is available from: <http://www.bolton.gov.uk/website/pages/Travellingtoschool.aspx>

APPENDIX A



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

Name and address of school 6th form/college to which travel assistance is required.	
Full name of course including subjects to be studied and length of course How many days per week will this young person be attending the college?	

What year of the course will the young person be on in Sept? eg Yr 1 of a 2 year course			
Previous college/6th Form/secondary school		Dates from	To
	How did your child get to the college/school?		
Did this young person have a Statement of Special Educational Needs or Education, Health and Care Plan whilst at school? If yes was transport explicitly identified? Does this person have a Statement of Special Educational Needs or Education, Health and Care Plan which identifies the provision of transport for post 16 education? 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 <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Details of Need (Please supply details below, continue on separate sheet if required and attach to application).			

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 this young person cycle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Does this young person 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 this young person 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 no, 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/college?

One Two Three

Does the family have a car?

No Yes, one Yes, more than one

If yes, can this car be used to transport this child to 6th form/college? If not, why not?

APPLICATION FOR TRAVEL ASSISTANCE

Parent / Carer Declaration/Authorisation

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
Department of People
c/o Bolton SICT
Smithills Dean Road
Bolton BL1 6JT