

APPLICATION FOR TRAVEL SUPPORT FOR A CHILD OR YOUNG PERSON WITH SPECIAL EDUCATIONAL NEEDS and/or disability/TEMPORARY MEDICAL CONDITION

GUIDANCE FOR COMPLETION

This form must be completed by parents/carers or a young person who wish to apply for travel support to and from school for child or young person with Special Educational Needs and/or disability or a temporary medical condition. Oldham Council's Home to School Transport policy for pupils with Special Educational Needs is available on our website:

http://www.oldham.gov.uk/info/200576/children_and_families/875/travel_to_school_policy_and_strategy

To enable the Authority to consider a child or young person's individual circumstances and ensure that, where it is agreed, the appropriate level of support is provided, please provide as much information as you can in all sections of this form.

Any information provided regarding any family member must be supported with documentary evidence from a relevant professional e.g. G.P or consultants letter.

If you require any assistance or advice about the completion of this form, please do not hesitate to contact the Transport Team, on 0161 770 3209. You may also contact Oldham's SEND Information, Advice and Support Service 0161 667 2055 or email iass@pointoldham.co.uk.

We will be in touch to inform you of our decision as soon as possible. This will usually be within a week of the meeting.

If travel support is declined write to you explaining the reason(s) for our decision. You have the right to appeal the decision, should you disagree.

We must also make you aware that it is the legal responsibility of the parent/ carer to ensure your child attends school.

Notes on the completion of this form

1. Please **complete all sections** of this form as fully and clearly as possible.
2. You can continue onto additional sheets if necessary. Make sure that you **date, print and sign your name/s on each separate sheet submitted and attach them securely to this form.**
3. Documentation to confirm information in your application should be submitted with this application. **Applications submitted without supporting documentation may not be able to be fully considered** by the panel.
4. **Copies of any other information that you wish to submit in support of your request should be attached securely to this form.**
5. The whole of this form, together with any additional pages and supporting information will be considered and should be returned to: **The Transport Team, Level 12, Civic Centre, West Street, Oldham, OL1 1XJ. Or email itu@oldham.gov.uk**

CHILD/YOUNG PERSON'S DETAILS	
First name / Forename	
Family name / Surname	
Date of birth	
School Year Group	
Full home address	
Name and address of School / College the child/young person currently attends	
Name and address of the School / College the child/young person will be attending if different to present	
Date due to commence at new school / college (if applicable)	

PARENTS' / CARERS' DETAILS	
Main Parent / Carer	
First name	
Family name	
Full home address	
Daytime telephone number	
Home telephone number	

Parent / Carer 2	
First name	
Family name	
Full home address	
Daytime telephone number	
Home telephone number	

Please complete both Sections One and Two on the following pages; provide as much information as you can so that your request can be considered. You may also submit any other documentation which you feel may support your application (for example a report from an occupational therapist, correspondence from your doctor etc.). Please ensure that they are firmly attached to this form.

SECTION ONE

Please answer the following questions, as fully as possible:

1. Does your child have an Education Health and Care Plan (EHC Plan) or a Statement of Special Educational Needs?

Yes No

2. Is your child a Wheelchair User?

Yes No

3. Does your child have a mobility impairment?

If yes, please explain it in as much detail as possible. Please also include how your child/you normally travels outside of normal school hours. Please also provide medical evidence.

--

4. Is your child eligible for the mobility component of the Disability Living Allowance (DLA) from the Department for Work and Pensions? (Please tick the correct box)

Yes No

If yes, are you in receipt of the Higher Rate? Currently £56.75 per week. (Please tick the correct box)

Yes No

If yes, you may be eligible to apply for a Motability allowance towards the cost of a vehicle to be used for the person for whom the DLA is payable. Please contact Motability on 0300 456 4566 or visit their website at www.motability.co.uk for further information.

5. Is your child able to travel on public transport safely?

Yes, on their own Yes, with support No, even if they have support

If you have answered no, please give reasons why below:

--

6. Does the family have a car?

Yes No

If yes is the vehicle provided under the mobility scheme?

Yes No

7. Please explain why you are not able to make your own travel arrangements? Please specify details of any disability you or your partner may have. Medical evidence will be required.

8. Working arrangements

Are you and/ or your partner in employment?

Yes No

Please submit details of your work place, days and hours of work and start and finish times. This will need to be supplied on company headed paper.

9. Are you or another appropriate person able to travel with your child/the young person to and from school? This might be a family member, a friend or relative.

Yes No

If the answer is no, please explain the reason below

10. Are there any other children/ young people living in your household?

Yes No

If the answer is yes, please list the details below

Name	Age	School Year Group (if applicable)	School/College (if applicable)	School/College start time	School/College finish time

If Transport is agreed the first offer will be a personal budget of £1800 for the first year. This will be subject to continued attendance. If this isn't appropriate please explain why:

--

11. You can provide any additional information you may think is relevant for the local authority to consider your request for Special Educational Needs and/or Disability transport support for your child/you.

--

Checklist**HAVE YOU:**

	Tick the box once you have checked your application
1. Completed all sections fully	
2. Included all relevant medical evidence/documentation.	
3. Included all confirmation of employment/working arrangements	

Parent/Carer/Young person Declaration

I confirm that the information provided on this form is correct at this present time. _ If any circumstances change I will inform the local authority straight away.

Signed	
Print Name	
Date	

If you need to, please continue onto additional sheets if necessary. Please make sure that you date, print and sign your name/s on each separate sheet submitted and attach them securely to this form.

Transport Team
Level 12, Civic Centre, West Street
Oldham,
OL1 1XJ
0161 770 3209
itu@oldham.gov.uk