**GUIDANCE FOR COMPLETION BY PARENTS / CARERS**

***This form must be completed by Parents/Carers who wish to apply for travel support for students with an EHC Plan***

You may wish to refer to Stockport Metropolitan Borough Council’s Policy on the provision of travel support for pupils with an Education, Health and Care Plan (EHCP). The policy is available on our website or by contacting the team on:

*Tel:* 0161 474 2504 or by email at [travelcoordination@stockport.gov.uk](mailto:travelcoordination@stockport.gov.uk)

Parent/Carers must fully complete the application as the information will be used to assess whether their child may be entitled to some form of travel support.

Once the application has been received, you will be contacted to discuss the next steps.

If your application is successful, we will in the first instance, undertake an assessment for independent travel training. If appropriate a training programme will be offered. If training is not appropriate, a personal budget or supported transport will be put in place. Please note that if travel training is offered and you choose that your child will not take part, you will have to make your own transport arrangements to school.

If support is declined you will be notified in writing stating the reasons why.

If you disagree with the decision you may appeal. Initially you should contact the Travel

Co-ordination Service and you will be sent an appeals form for completion and return.

**Applicants should allow approximately 30 days from application to travel support 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.**

**Transport services cannot be tailored to meet individual timetables, but consideration will be given whenever possible to minimise inconvenience to the young person. This means that specific transport will not be provided if the public or contracted transport times are not in line with a young person’s timetable. In such circumstances, students or parents are expected to make suitable adjustments to their travel arrangements.**

If the young person has an EHC Plan they are entitled to a free travel pass for use on public transport. You can apply for this pass by visiting your local bus station or contacting the Transport for Greater Manchester.

**Please note if Travel support is awarded it will be reviewed every 12 months.**

***Please complete all sections of this form.***

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| **TYPE OF SUPPORT BEING REQUESTED – Please tick appropriate box** | |
| **Independent Travel Training** |  |
| **Personal Budget** |  |
| **Supported Taxi** |  |

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| **Name of Young Person** |  | |
| **Date of Birth** |  | |
| **Home Address**  **(Including postcode)** |  | |
| **Parents(s) / Carers(s)** |  | |
| **Contact Telephone Numbers** | **Landline** |  |
| **Mobile** |  |
| **Email Address** |  | |

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| **Is this a Looked After Child (LAC) child** | Yes | No |
| **Is this child in a foster home** | Yes | No |
| **Is this child in a residential care home** | Yes | No |
| *Please note that if the child / young person is LAC and residing in a foster placement, the expectation is that transport will be provided by foster carers within a 20 mile journey radius.* | | |

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| **Does the young person have an EHC plan?** | Yes | No |
| If No, are they: |  |  |
| Undergoing Statutory Assessment: |  |  |
| Medical: |  |  |
| **If the young person does NOT have an EHC plan, please explain why you need travel support** | | |
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| **What is the young person’s EHC Plan for? (e.g. Behaviour, Autism, Medical)** |
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| **Please describe how the young person’s needs / disability affects them on a day to day basis and why you feel they need travel support.** |
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| **Current School:** | | |  | |
| **Current year group:** | | |  | |
| **Name of the School to which travel support is required?** | | |  | |
| **School Start Time:** |  | **School Finish Time:** |  | |
| **Requested date for Travel Support to begin:** | | |  | |
| **Is your request for support short term?** | | | Yes | No |
| ***If yes, give reason for request and provide any relevant evidence*** | | | | |
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| **Please give an estimate of how long your child’s support would need to last for.** | | | | |
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| **Is the School named in the young person’s EHC Plan:**  ***(Please tick appropriate box)*** | |
| 1. Your local school |  |
| 1. A school the Local Authority have chosen to meet your child’s needs |  |
| 1. A school of your own choice |  |

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| **Mobility** | | |
| **Does the young person have any mobility problems?** | Yes | No |
| If yes, please specify *(For short term mobility problems, please provide medical evidence)* | | |
| **Does the young person use any of the following?** | Wheelchair | Mobility aid e.g. crutches or a tri-walker |
| **Does the young person need to be transported in their wheelchair?** | Yes | No |
| **If yes, please provide further details of the type used e.g. manual / folding / electric** | | |
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| **Behaviour – Does / would the young person**…. | | | | | |
| **Have a sense of danger** | Yes | No | **Damage property** | Yes | No |
| **Attempt to leave a moving**  **vehicle** | Yes | No | **Likely to run away** | Yes | No |
| **Exhibit violent or aggressive behaviour** | Yes | No | **Challenge authority** | Yes | No |
| **Exhibit tendencies to bully other children** | Yes | No | **Pose any risk to other children** | Yes | No |
| Please describe any triggers we need to be aware of with regards to the young person’s behaviour… | | | | | |
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| **Medical / Physical needs** | | | | | | | | |
| **Does the young person have any of the following?** | | | | | | | | |
| Visual impairment | | Yes | No | | Epilepsy | | Yes | No |
| Speech impairment | | Yes | No | | Diabetes | | Yes | No |
| Hearing impairment | | Yes | No | | Asthma | | Yes | No |
| **Does the young person have a medical condition that requires rescue medication?** | | | | | | | Yes | No |
| **Does the medication need to be taken to school daily in the young person’s bag?** | | | | | | | Yes | No |
| If yes, please specify details. | | | | | | | | |
| **Does the young person have any allergies? (e.g. plasters, latex, nuts)** | | | | | | | Yes | No |
| Please list allergies and how they affect the young person. | | | | | | | | |
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| **Safety Equipment Needed – Does the young person require any of the following**  ***(Please note that given the variety of size and design of child and booster seats we would expect parents / carers to provide these for the young person, these will then be transferred between home and the vehicle)*** | | | | | | | | |
| **Requires** | Safety harness | | | Belt buckle clip | | Medical equipment | | |
| Child seat | | | Booster seat | |  | | |
| **If you have ticked yes, to any of the above, please detail the name and type of the equipment below?** | | | | | | | | |
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| **Does the young person travel with any medical equipment? (e.g. oxygen tanks)** | | | | | | | | |
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| **Please state what equipment the young person would need to take with them daily** | | | | | | | | |
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| **Communication** | | |
| **Can the young person respond to spoken instructions?** | Yes | No |
| **Can the young person verbally make their wants and needs known?** | Yes | No |
| If no to either of the above, please specify details of how best to communicate with the young person e.g. do they require communication aids such as pictures / symbols? | | |

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| **Please provide any additional information which you think is important in order for the young person to be transported comfortably and safely.** |
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| **Potential for developing independent travel skills?** | | | Yes | No |
| **In your opinion, is the young person able to travel on public transport safely?** | | | | |
| Yes, on their own | Yes, with support | No, even if they have support | | |
| If no, please give reason why they are unable to travel **with support** | | | | |

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| **How many buses/trains would the young person need to catch to travel to school?** | | |
| One | Two | Three |

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| **Does the young person have a bus pass?** | Yes | No |
| For more information on eligibility or how to apply for a concessionary travel pass please visit Transport for Greater Manchester website using this link <https://tfgm.com/tickets-and-passes/passes-for-disabled-people> it will give you the information regarding passes and renewals. | | |

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| **How does the young person currently get to school?** | | | |
| Walk | Parent’s vehicle | Public transport | Supported transport |

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| **Family Outline** | | | | | | | | | | | | | |
| **Do you receive working tax credit / income support?** | | | | | | | | | | Yes | | No | |
| **Does the young person receive free school meals** | | | | | | | | | | Yes | | No | |
| **Does the family have a car?** | | | | | | | | | | | | | |
| No | | | Yes, one car | | | | Yes, more than one car | | | | | | |
| **Is one of the vehicles a mobility vehicle** | | | | | Yes | | | No | | | | | |
| ***If yes to the above question we would expect you to utilise the vehicle to transport your child to school*** | | | | | | | | | | | | | |
| **Are either you or your partner disabled, such that you are unable to accompany the young person to school?** | | | | | | | | | | Yes | | No | |
| **If yes, please provide evidence, e.g. medical reports, DLA** | | | | | | | | | | | | | |
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| **Are you, or another appropriate adult, available to take the young person to school?** *(This may include other members of your family or friends)* | | | | | | | | | | Yes | | No | |
| **If yes, please specify your availability** | | | | | | | | | | | | | |
| **AM:** | Monday | Tuesday | | Wednesday | | Thursday | | | | | Friday | | |
| **PM:** | Monday | Tuesday | | Wednesday | | Thursday | | | | | Friday | | |
| **If no, please explain why not.** | | | | | | | | | | | | | |
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| **Can you use your car to take your son/daughter to and from school and the Council will pay you a mileage allowance via a Personal Budget?** (*Please contact the SEN Transport Team for more details)* | | | | | | | | | Yes | | | | No |

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| **Do you have any other school-age children?** | | | | Yes | No | |
| **Child’s name** | **Age** | **Year Group** | **School** | **School times** | | |
| **Start** | **Finish** | |
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| **Do you have any other children with a Special Educational or Medical need?** | | | | Yes | No |

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| **Are there any people who the young person should not have contact with due to court orders?** *(If yes, please specify below)* | | Yes | No |
| **Name:** |  | | |
| **Please supply information on this person** | | | |
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| **Are the School aware of this?** | | Yes | No |

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| **Emergency Contact Details** *(Not parent/carers)* | | | |
| **Name:** |  | | |
| **Address:** |  | | |
| **Relationship to the young person:** |  | | |
| **Telephone numbers:** | **Landline:** |  | |
| **Mobile:** |  | |
| ***Please ensure we have a second name and address, of a responsible person, who you agree we can contact / take your child to in case of emergency, and you are unavailable. Please note there may be a charge to parents if this increases the mileage for the contractor.***  ***It is also important to note the procedure if a parent is not at home when a child/young person is returned home from school, and if there is no other responsible adult available to take the child/young person, the contractors are advised to take them to the local police station.*** | | | |
| **Please provide any additional information which you think is relevant for your request for travel support** | | |
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SEN TRANSPORT- ALL ABOUT ME:

**Photo**

**My Name is:**

**I am (XX) years old**

**My Parent/Carers are called:**

**Contact Number(s):**

**What is important to me when I am travelling:**

**To support me, I may need ….**

**Medical Support and Equipment I use…**

**What you need to know about me and what I am interested in:**

**I really don’t like:**

**If I become upset you can help me by…**

**I like to be met and helped on transport in the following ways:**

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| **Parent / Carer Declaration**  I declare that the information provided on this form is correct at this moment in time.  If circumstances change, in any of the areas on this form, I will notify the council **immediately.**  If the council agrees to provide travel support for my child I understand:   * This will be stopped if any information on this form is found to be incorrect. * The provision of travel support 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 support. This may also result in a change to the type of travel support awarded. * The council may withdraw travel support if the behaviour of my child presents a health and safety risk to themselves or others while 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 travel support, if any, will be awarded. * By agreeing to this referral you are consenting for your information to be shared with transport providers in order to carry out the service. |

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| **Signed** |  |
| **Print Name** |  |
| **Date** |  |

**Please return your completed application to:**

Travel Coordination Service

Stockport Metropolitan Borough Council

Special Educational Needs Section

c/o The Scanning & Support Team

Lower Ground Floor, Stopford House

Town Hall

Stockport

SK1 3XE

Tel: 0161 474 2504

Email: [travelcoordination@stockport.gov.uk](mailto:travelcoordination@stockport.gov.uk)

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| **FOR OFFICE USE ONLY** | | | | |
| **Student ID Number (Liquid Logic)** | |  | | | |
| **Distance from home to school** | |  | | | |
| **SEN / Other Agencies Additional Information** | | | | | |
|  | | | | | |
| **Panel Decision** | | | | | |
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| **Meeting led by:** |  | | **Date:** |  | |

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| **Checklist for Workflow.** | | | |
| **Find Route** |  | **Liaise with Contractor** |  |
| **Spreadsheet** |  | **Access** |  |
| **Parents Contacted (Phone / Letter)** |  | **Date Contacted** |  |
| **Bus Pass Needed (Y/N)** |  | **Date Bus Pass Application Form Sent** |  |
| **Refer to PURE for ITT** |  | **Liquid Logic / Scanning** |  |