



APPLICATION FOR TRAVEL SUPPORT FOR STUDENTS WITH AN EHC PLAN

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

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 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.

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

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

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
<i>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.</i>		

Does the young person have an EHC plan?	Yes	No
If No, are they:		
Undergoing Statutory Assessment:	Yes	No
Medical:	Yes	No
If the young person does <u>NOT</u> have an EHC plan, please explain why you need travel support		

What is the young person's EHC Plan for? (e.g. Behaviour, Autism, Medical)
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.

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
<i>If yes, give reason for request and provide any relevant evidence</i>			
Please give an estimate of how long your child's support would need to last for.			

Is the School named in the young person's EHC Plan: (Please tick appropriate box)	
a) Your local school	
b) A school the Local Authority have chosen to meet your child's needs	
c) A school of your own choice	

Mobility		
Does the young person have any mobility problems?	Yes	No
<i>If yes, please specify (For short term mobility problems, please provide medical evidence)</i>		

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		

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...					

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.			
Safety Equipment Needed – Does the young person require any of the following <i>(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)</i>			
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?			
Does the young person travel with any medical equipment? (e.g. oxygen tanks)			
Please state what equipment the young person would need to take with them daily			

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?		

Please provide any additional information which you think is important in order for the young person to be transported comfortably and safely.

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**

How many buses/trains would the young person need to catch to travel to school?

One

Two

Three

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.

How does the young person currently get to school?

Walk

Parent's vehicle

Public transport

Supported transport

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

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.

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

Do you have any other school-age children?

Yes

No

Child's name

Age

**Year
Group**

School

School times

Start

Finish

Do you have any other children with a Special Educational or Medical need?

Yes

No

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

Emergency Contact Details <i>(Not parent/carers)</i>		
Name:		
Address:		
Relationship to the young person:		
Telephone numbers:	Landline:	
	Mobile:	
<i>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.</i> <i>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.</i>		
Please provide any additional information which you think is relevant for your request for travel support		

SEN TRANSPORT- ALL ABOUT ME:

My Name is:

I am (XX) years old

My Parent/Carers are called:

Contact Number(s):

Photo

Medical Support and Equipment I use...

What is important to me when I am travelling:

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

To support me, I may need

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

I really don't like:

If I become upset you can help me by...

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.

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

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

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	