

## **APPLICATION FOR TRAVEL ASSISTANCE** **FOR POST 16 PUPILS WITH SPECIAL** **EDUCATIONAL NEEDS (SEN)**

### **GUIDANCE FOR COMPLETION BY PARENTS / CARERS**

There is no statutory duty to provide travel assistance beyond compulsory school age even where an EHCP is in place except for those eligible young persons who have been placed by the Local Authority in residential placements. In these circumstances the Council will provide travel assistance to/from the residential placement at the beginning and the end of the term/week

Please note the Raising of the Participation Age has not created any new entitlement to free or subsidised post 16 travel assistance – students are not required just to stay on at school or college but can work, volunteer, or take part in an apprenticeship whilst continuing their education.

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 current provision of travel assistance for pupils with Special Educational Needs is available on our website: [www.bolton.gov.uk](http://www.bolton.gov.uk) or by contacting the team on: 01204 337957.

The information will be used to assess whether you will be entitled to travel assistance for your child. We will store this information safely and securely on Bolton Council's local area network. We may share this information with schools/colleges and transport operators where necessary. We will only keep this personal information for as long as the law specifies or where the law does not specify this, for the length of time determined by our business requirements and in line with the council's data retention policies.

If assistance is declined, you will be notified in writing, outlining reasons for the decision together with details of your right of appeal.

You may wish to apply for a free bus pass under the 'OUR PASS' scheme. This would enable your son/daughter to travel for free on buses in the Greater Manchester area. Further details are available from <https://ourpass.co.uk/> or by ringing the customer services line on 0300 323 0777.

If your child has an Education, Health and Care Plan and permanently resident in Greater Manchester they may be entitled to a free travel pass from Transport for Greater Manchester for use on public transport and:

- registered as a blind person with the Local Authority
- registered as partially sighted by a consultant ophthalmologist
- is profoundly deaf and without speech or profoundly deaf with speech that cannot be readily understood by a person who hears normally
- has a profound or severe hearing loss. For information: Hearing loss is measured in decibels as dBHL, people are generally regarded as having a severe loss if it reaches 70-95dBHL and a profound loss if it reaches 95+dBHL.
- has a learning disability that is a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning.
- You have a confirmed diagnosis of Autistic Spectrum Disorder (ASD) from the Child and Adolescent Mental Health Services (CAHMS) and you are also registered as requiring special educational needs (SEN) support in school.

You can apply for this pass by downloading the form from Transport for Greater Manchester's website <https://tfgm.com/tickets-and-passes/passes-for-disabled-people>.

Please see Transport for Greater Manchester's website for the full details of Concessionary passes including those children/young people/adults who may have the following disabilities:

- have serious walking difficulties. This means not being able to walk for 100m (110 yards) without stopping, severe discomfort, or help from another person.
- you are without natural speech
- you are without the use of both arms
- you are an ex-serviceman/woman with serious walking difficulties as a result of losing a leg in active service and are a member of the British Limbless Ex-Servicemen Association (BLESMA)

You may be automatically eligible if you have been awarded a lump sum payment under tariff levels 1-8 of the Armed Forces Compensation Scheme (AFCS) and have a letter from the Service Personal and Veterans Agency (SPVA) proving receipt of one of the above.

**APPLICATION FOR POST 16 TRAVEL ASSISTANCE**

<b>Name of Pupil</b>		
<b>Date of Birth</b>		
<b>Home Address (including postcode)</b>	<hr/> <hr/> <hr/> <hr/>	
<b>Parent / Carers' names  (Both your and your partner's name if living at this address)</b>		
<b>Contact Telephone Number (s) Emergency contact number Email address</b>	<b>Landline</b>	
	<b>Mobile</b>	
	<b>Emergency number</b>	
	<b>Email</b>	

<b>Date travel arrangements required from?</b>	
<b>Name and address of school 6<sup>th</sup> form/college to which travel assistance is required.</b>	
<b>Full name of course and Subjects to be studied</b>  <b>Which days per week will this young person be attending the 6<sup>th</sup> Form/college?</b>	
<b>How long is the course (years)</b>	

<p><b>What year of the course will the young person be on in Sept? eg Yr 1 of a 2 year course</b></p>			
<p><b>Previous college/6<sup>th</sup> Form/secondary school</b></p> <p><b>How did the young person travel to their previous school/college?</b></p>		<p><b>Dates from</b></p>	<p><b>To</b></p>
<p><b>Does this young person currently Education, Health and Care Plan?</b></p> <p><b>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 travel assistance?</b></p>	<p><small>Please circle</small> <b>Yes</b></p>    <p><b>Yes</b></p>	<p><small>Please circle</small> <b>No</b></p>    <p><b>No</b> <small>Please provide relevant evidence of your child's SEN</small></p>	
<p><b>Details of the young person's special educational needs, learning difficulty or disability and how this affects their ability to undertake the journey between home and 6<sup>th</sup> form/college (eg by walking or using public transport) accompanied as necessary by an adult.</b></p> <p><b>(Please supply details below, continue on separate sheet if required and attach to application).</b></p>			

**Please explain why you or another appropriate adult are not able to take this young person to 6<sup>th</sup> form/college?** (This may include other members of your family or friends)

If this is due to a parents' disability, please provide supporting medical evidence

Please also confirm if this young person has a carer and whether they would be able to take them to/from school/college?

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<b>Does this young person cycle?</b>	<b>Yes</b>	<b>No</b>
<b>Does this young person have a National Concessionary Pass from Transport for Greater Manchester?</b>	<b>Yes</b>	<b>No</b>
<b>If no, have you applied for one?</b>	<b>Yes</b>	<b>No</b>

<b>In your opinion, is this young person able to travel on public transport safely?</b>		
• On their own	Yes	No
• With support	Yes	No
<p>If no, why not?</p> <p>If yes, how many buses/trains would they need to use to get to college?.....</p>		
<b>Has this young person been assessed to determine their ability to be travel trained?</b>		
	Yes	No
<p>If Yes                      Date of assessment .....</p>		

<b>If approved, travel assistance could be a reimbursement of petrol expenses where parents have access to a vehicle.</b>		
Does the family have a car?	Yes	No
If yes, how many?		
• More than one car	Yes	No
• One	Yes	No
If yes, is the vehicle provided for the pupil under a Mobility, or other scheme?	Yes	No

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


<b>It may be possible for the Council to provide you with an amount of money to enable personalised travel arrangements that best and most flexibly suit the needs of your child and family.</b>			
<b>Would you be interested in receiving a personal travel budget to make your own arrangements for travel?</b>	<b>Yes</b>	<b>No</b>	<b>Maybe</b>

<b>Have you applied for the 16-19 Bursary available from the 6<sup>th</sup> Form/college?</b>	<b>Yes</b>	<b>No</b>
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## 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.
- **Any help with travel provided will be subject to an annual review. The type of transport or level of support may change to reflect the changing needs of the pupil. Travel support may not be necessary as the child grows older and if they become more independent.**
- Any change of circumstances e.g.: change of address, may affect the young persons' 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 the young person presents a health & safety risk to themselves or others whilst travelling on the transport.
- My son/daughter will 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/6<sup>TH</sup> Form/College travel assistance will be awarded.
- The Council will use the information provided to protect public funds by detecting and preventing fraud.

We will store your information safely and securely on Bolton Council's local area network. We may share your information with schools and transport operators where necessary. We will only keep your personal information for as long as the law specifies or where the law does not specify this, for the length of time determined by our business requirements and in line with the council's data retention policies.

**If completed on behalf of someone else this must be declared when signing.**

<b>Signed:</b>	
<b>Print name:</b>	
<b>Date:</b>	

*GDPR (General Data Protection Regulation) -*

*Personal information provided on this form is treated in confidence and complies with the requirements of GDPR Act.*

Please complete the information form overleaf and return with your completed application to:  
Bolton Council  
Integrated Transport Team  
Mayor St Depot  
Ellesmere St  
BOLTON BL3 5DT or email [ITU.applications@bolton.gov.uk](mailto:ITU.applications@bolton.gov.uk)



**Travel Assistance Needs –Please complete**

If your application is successful, the information you give below will help ensure you child is transported safely. Please disclose any issues/risks which the Driver/Passenger assistants need to be aware of.

<b>Young person's name:</b>	<b>Parent/carers contact details: (Mobile/email)</b>
<b>Date of Birth:</b>	
<b>Home address:</b>	<b>School name and address:</b>

**Please confirm the days and times your child will be in school/college**

	MON	TUES	WED	THUR	FRI
<b>Start time am</b>					
<b>Finish time pm</b>					

<b>General</b>	<b>Applies Yes/No</b>	<b>Further details including any assistance required</b>
Behaviour		
Learning		
Sensory		
Physical		
Communication		

<b>Mobility</b>	<b>Applies Yes/No</b>	<b>Further details including any assistance required</b>
Walks unaided		
Walks slowly unaided		
Minimal support required		
Uses walking aid		
Has to travel in wheelchair		

If can only travel in wheelchair, please give details below:

make:

model:

manual /powered/folding

<b>Behaviour</b>	<b>Applies Yes/No</b>	<b>Further details including any assistance required</b>
Anxious / worried		
Verbally challenging		
Physically challenging		
Absconds		
other – specify		

<b>Medical</b>	<b>Applies Yes/No</b>	<b>Further details including any assistance required</b>
Seizures		
Suction		
Gastrostomy		
Oxygen		
Medication required		
other – specify		

<b>Communication and Sensory Issues</b>	<b>Applies Yes/No</b>	<b>Further details including any assistance required</b>
Visual impairment		
Hearing impairment		
Limited or no verbal communication		
Sign language used		
Uses gestures/points		
Communication device used		
Understanding limited		
English not first language		
Other- specify		

**Signed** .....**Dated**.....