

**APPLICATION FOR TRAVEL ASSISTANCE  
FOR 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 an Education, Health and Care Plan (EHCP) or pupils without an EHCP who have medical needs which might make them unable to attend school unaided. Bolton Council's current policy on the 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.

For pupils with an EHC Plan we apply the same general eligibility criteria as for other pupils. Where, due to the individual needs of the child, the journey to school cannot be undertaken safely even when accompanied, the Local Authority will assess the need for travel arrangements to be made.

Parents with a disability who are unable to accompany their child to school, who would otherwise need to be accompanied, will need to complete a separate form available from the contact number above.

Applicants must fully complete the form. 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 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.

You will be notified of the Council's decision in writing as soon as possible. Please submit your travel assistance application before 1<sup>st</sup> June for the school year starting in September. You may still submit applications after this date, but please note it may take longer than the usual 30 days to put travel assistance in place if granted.

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 by completing the Review of Decision/Appeal form which will be included with your travel assessment notification letter.

**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.**

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

- registered as a blind person with the Local Authority
- registered as partially sighted by a consultant ophthalmologist
- registered as profoundly deaf and without speech or profoundly deaf with speech that cannot be readily understood by a person who hears normally
- registered as having 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.
- recognised as having a learning disability that is a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning

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> or if your child has an Education, Health and Care Plan with a Sensory Impairment or Learning Disability, by contacting Bolton Council's SENDAS Team on 01204 332097.

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

- have serious walking difficulties. This means not being able to walk for 100m (110 yards) without stopping, severe discomfort, or help from another person.
- are without natural speech
- are without the use of both arms
- 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 Personnel and Veterans Agency (SPVA) proving receipt of one of the above.

### Application for Travel Assistance to School

<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 yours and your partner's name if at same address)</b>		
<b>Contact Details</b>	<b>Landline</b>	
	<b>Mobile</b>	
	<b>Email</b>	
<b>Emergency Contact</b>	<b>Name</b>	
	<b>Mobile</b>	
	<b>Relationship to Child</b>	

<b>Name and address of school to which travel assistance is required. Please give specific school <u>site</u> location</b>	
<b>Date required from:</b>	
<b>Year Group</b>	
<b>Current school (if different)  How does your child currently travel to this school?</b>	

<p><b>Does your child have an Education, Health and Care Plan?</b></p> <p><b>If yes, is the school named in your child's EHC Plan as:</b></p> <ul style="list-style-type: none"> <li>• <b>Your nearest appropriate school</b></li> <li>• <b>A school the Local Authority have chosen to meet your child's needs</b></li> <li>• <b>A school of your own choice</b> (if you tick this box, please give your reasons below for not choosing the Local Authority's recommendation)</li> </ul>	<p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p>	<p><b>No</b></p> <p><b>No</b></p> <p><b>No</b></p> <p><b>No</b></p>
<p><b>Do you agree to the person assessing this application having access to your son/daughter's EHC Plan to assist in the determination of entitlement to travel assistance?</b></p>	<p><b>Yes</b></p>	<p><b>No</b> You will need to provide relevant supporting evidence</p>
<p><b>Please supply details of any specific learning difficulty or disability which impacts upon the young person's ability to travel between home and school accompanied as necessary by an adult.</b></p> <p><b>Please tell us how this affects walking, or using public transport for example</b></p>		

**Please explain why you, or another appropriate adult, are not available to take your child to school? (This may include other members of your family or friends)**

**Parents working arrangements are not deemed to be exceptional circumstances.**


**Do you have any other children aged 16 or under living at the same address, if so please list below**

<b>Name</b>	<b>Age</b>	<b>Year Group</b>	<b>School</b>	<b>School Times</b>	

**Are you entitled to free school meals (FSM) for your child(ren) or in receipt of your maximum Working Tax Credit (WTC)?  
Please provide a copy of either; your FSM authorisation letter or Maximum WTC document**

**Yes**

**No**

**Does your child have a bus pass?**

**Yes**

**No**

**If no, have you applied for a National Concessionary Pass from Transport for Greater Manchester?**

**Yes**

**No**

**In your opinion is your child able to travel on public transport safely?**

**On their own**

**Yes**

**No**

**With support**

**Yes**

**No**

**If no, why not?**

**Has your child been assessed to determine their ability to be travel trained? Yes /No**

**If yes, were they suitable or not suitable?**

**Does the family have a car? Yes / No**

**If yes, how many? One / More than One**

**Can you use the car to take your child to school and the Council will pay a mileage allowance? Yes / No**

**If no, please state why you cannot use your car**

**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 (e.g., if your child is not attending the nearest school, why not? Why you are requesting travel assistance)**

**Evidence must be provided from a professional supporting the information given where necessary unless this has already been provided previously.**


**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.**

**Would you be interested in receiving a personal travel budget to make your own arrangements for travel?**

Yes	No	Maybe

**Please note.**

**It is important that this form is fully completed to enable us to determine your eligibility for support and if successful, provide the most appropriate travel solution.**

**APPLICATION FOR TRAVEL ASSISTANCE  
Parent / Carer Declaration**

I declare that the information provided on this form is correct e. If circumstances change on any areas of the form, I will notify the Council immediately.

Following this assessment, the Council will decide what form of home to school travel assistance will be awarded.

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 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.
- 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>	

Please return the form 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>Pupil'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**

	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**.....