



**APPLICATION FOR ASSISTANCE WITH HOME TO SCHOOL
TRANSPORT**

GUIDANCE FOR COMPLETION BY PARENTS / CARERS

This form must be completed by Parents / Carers who wish to apply for travel assistance for pupils with Statements of SEN (or without an SEN in exceptional circumstances). Tameside Metropolitan Borough Council’s Policy on the provision of Home to School Transport for pupils with Special Educational Needs is available on our website:

<http://www.tameside.gov.uk/education/transport/5-16policy>

or by contacting the Integrated Transport Unit team on:

Tel: 0161 342 3205 / 3691

Email: itu@tameside.gov.uk

Applicants must fully complete the form and provide as much supporting information as possible as the information will be used to assess whether your child may be eligible for travel assistance. Once the form has been received you may be contacted to discuss the next step.

If assistance is declined you will be notified in writing stating the reason(s) why.

If you disagree with the decision you may appeal. Details on how to do this are explained in the decision letter you will receive once this application has been processed.

Applicants should allow approximately 30 days from receipt of application / final supporting evidence by the Council, to travel assistance decision / commencement.

Please note that it is the legal responsibility of the parent / carer to ensure their child attends school regularly and including the period during this application process.

If your child has a Statement of Special Educational Needs they are entitled to a free travel bus/rail pass for use on public transport. You can apply for this pass by contacting the Integrated Transport Unit at the address on the back page of this form.

1) Name of Pupil	
2) Date of Birth	
3) Home Address (including Postcode)

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4) Parent(s) / Carer(s) contact Telephone Number (s)	Name (s)	
	Landline	
	Mobile	

5) Name of School to which Travel Assistance is required	
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6) Year Group (On Transfer)	
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7) Current School (If different)	
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8) Is the school named in your child's statement:

a) Your local School?	<input type="checkbox"/>
b) A school the Local Authority have chosen to meet your child's needs?	<input type="checkbox"/>
c) A school of your own choice (if you tick this box, please give your reasons below for not choosing the Local Authority's recommendation)?	<input type="checkbox"/>

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9) Does your child have a Statement of Special Educational Needs, or an Education, Health and Care Plan (EHCP)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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10) Details of Need
(Please supply full details below of the individual needs of the child and why you feel you are unable to make your own arrangements with regards to your child's attendance at school. Continue on separate sheet if required and attach to application).

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11) Does your child have a Mobility Impairment?	Yes	No
If Yes, please specify your child's mobility impairment. Please also explain how your child normally travels outside school hours/terms etc (For short term mobility problems, please provide medical evidence)	<input type="checkbox"/>	<input type="checkbox"/>

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12) Do you claim Disability Living Allowance for your child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If Yes, please indicate which level of Mobility:

Higher rate

Lower rate

13) Does your child have a wheelchair for everyday use which they cannot travel without?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please specify the type

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14) In your opinion 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 to the above question please specify reasons below (if you have already supplied evidence of this in sections 10 or 11 (above), ignore this question)

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15) How many buses / trains would you / your child need to catch to travel to school?

One Two Three

16) Does the family have a car?

No Yes, one Yes, more than one

If yes is the vehicle provided for the pupil under a Mobility, or other, scheme?
 Yes No

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<p>17) Do you or your partner have a disability which you feel prevents you from assisting or arranging your child’s attendance, or accompanying them to school? (Please specify details of you or your partner’s disability below). Medical evidence will be required if you answer yes to this section. Please ensure you attach such evidence (e.g. a statement from your consultant or GP) to this form when submitting.</p>	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>
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<p>18) Your working arrangements. Are you and/or your partner in employment?</p>	<p>You: Yes <input type="checkbox"/></p> <p> No <input type="checkbox"/></p> <p>Your Yes <input type="checkbox"/></p> <p>Partner: No <input type="checkbox"/></p>
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If self employed please specify your current working arrangements below, please include nature of work, address and working times etc.

If employed please submit details of your place of work, days/hours of work, start and finish times on company headed paper.

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19) Are you, or another appropriate person, available to travel with your child to school in a morning and/or afternoon? (An appropriate person may be a family member, friend or relative) (If not, or only partially, available, please specify the reason.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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20) Do you have any other children? (If yes, please list all other children living at the same address)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name	Age	Year Group (if applicable)	School (if applicable)	School Times	
				Start	Finish



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21) Emergency Contact Details

Please supply the names, addresses and landline/mobile numbers of at least TWO emergency contacts (NOT parents' mobiles or home phone/address details). We cannot process any applications without these details.

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22) Please provide any additional information you may think is relevant as the council considers your request for SEN Transport: Please use a separate sheet of paper if necessary

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IMPORTANT: Application checklist. A decision on eligibility will be based on the information given on this application. Unfortunately, incomplete applications, or those returned without the requested evidence, will not be processed. Please ensure ALL sections are completed and evidence is returned using the checklist below. Have you?

HAVE YOU - Completed ALL sections fully?

Have you attached the following, if applicable:

- 1) Statements from GP or consultant (medical evidence)
- 2) Statements from other professionals (if you believe you have exceptional family circumstances)
- 3) Employment working arrangements including days of work, start/finish times and hours worked to be provided by your employer/s on company headed paper
- 4) Emergency Contact details



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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 assistance for my child I understand:

- This may be stopped if any information on this form is found to be incorrect.
- The provision of transport 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 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 and safety risk to themselves or others while travelling on the transport.
- The Council may request additional information from other professionals, for example consultants or social care professionals, in order to make a decision on eligibility.
- My child needs to be ready at the agreed pick up point at the agreed time each morning.
- I am responsible for ensuring an appropriate person meets my child off the transport, if awarded, unless I inform the Council in writing.
- Following an assessment the council will decide what form of Home to School travel assistance will be awarded.

Signed	
Print Name	
Date	

Please return your completed application to:

Integrated Transport Unit
Tameside Council Transport Services
Tame Street
Stalybridge
Cheshire
SK15 1ST

Tel 0161 – 342 – 3205 / 3691

E-mail: itu@tameside.gov.uk