**Application Form for Specialist Home to School Travel Assistance**

Office use

DATE RECEIVED

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This application form should only be completed if the child/young person requires specialist travel assistance. The completed information will assist the Assisted Travel Service to determine the most suitable method of travel assistance for the child/young person concerned, in accordance with Wirral’s Home to School Transport Policy for Children and Young People Age 5-16 and Wirral’s Post 16 Transport Policy Statement.

Please complete all relevant sections, as fully as possible.

**Please return the form to:**

**Email:** CYPD\_transport4children@wirral.gov.uk

**Post:** Assisted Travel Service, 250 Cleveland Street, Birkenhead, CH41 3QL

**PLEASE NOTE 10 DAYS NOTIFICATION OF ANY REQUEST FOR TRANSPORT IS REQUIRED BY THE TRANSPORT TEAM**

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| 1. **Child/young person and parent/carer details** | | |
| Child/young person’s name: | Male  Female | Date of birth |
| Name of Parent/Carer:  Parent’s Date of Birth:  Parent’s National Insurance Number: | | |
| Address:  Post Code:  Tel. No:  Mobile Tel. No:  Email address:  Is this the emergency contact? Yes  No | | |
| Second contact name:  Relationship to child/young person:  Is this the emergency contact? Yes  No | | |
| Address:  Post Code:  Tel. No:  Mobile Tel. No: | | |
| 1. **School details (under 16)** | | |
| School Name: | | |
| Date of commencement at school: | | |
| School days (part-time/full-time): | | |
| School start time: | School finish time: | |
| Previous School attended if applicable | | |
| Does your child have a Education and Health Care Plan (Previously Statement of Special Educational Needs) Yes  No  If Yes please specify which school is named on the Education Health Care Plan | | |
| 1. **College details (16 and over) – Please give details of each day if start/ finish times differ. Transport is usually only available at approximately 9am and 4pm.** | | |
| College Name and address where your child will attend their studies: Please specify if course is run on more than one site: | | |
| Date of commencement at college: | | |
| College days (part-time/full-time):  Number of hours per week: | | |
| College start time: | College finish time: | |
| Did your child hold an Education and Health Care Plan (EHCP) prior to attending College? Yes  No  If yes when did the EHCP cease? | | |
| Is the College 3 miles or more from your home address? Yes  No | | |
| Is this the nearest College/Setting where the course is available? Yes  No  Name of Course | | |

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| 1. **Needs of pupil (Please tick all that apply)** | | | |
| Moderate Learning Difficulties (MLD) |  | Complex Learning Difficulties (CLD) |  |
| Specific Learning Difficulties (SPLD) |  | Social Emotional & Mental Health |  |
| Attention Deficit Hyperactivity Disorder (ADHD) |  | Allergy (please specify) |  |
| Asthma |  | Autistic Spectrum Condition (ASC) |  |
| Deaf and Hearing Impaired |  | Visually Impaired |  |
| Diabetic (not yet properly controlled by medication) |  | Diabetic (effectively controlled by medication) |  |
| Epilepsy (not yet properly controlled by medication) |  | Epilepsy (effectively controlled by medication) |  |
| Speech and Language |  | Tracheostomy/Breathing Difficulties |  |
| Oxygen Dependant |  | Taking prescribed medication (please specify) |  |
| Other (please specify).For example - incontinent, anxiety etc. | | | |
| **If you would like to provide any further information to support this application please include it as a separate attachment.** | | | |

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| 1. **Behaviour considerations** | | |
| **Issue** |  | **Comment** |
| Challenging behaviour (please provide further information) |  |  |
| Violence to others (i.e. pupils, escorts) |  |  |
| History of absconding (running away, i.e. from school, from taxi) |  |  |
| Other (please specify) |  |  |
| 1. **Travel assistance requirements (please tick all boxes that apply)** | | |
| **Type** |  | **Comment** |
| Travels in a wheelchair (include details, i.e. manual or electric, make or model, dimensions, headrest etc.) |  |  |
| Travels in a wheelchair unaided |  |  |
| Booster Seat |  |  |
| Car Seat |  |  |
| Harness (Posture or restraint) |  |  |
| Uses mobility aid to walk (i.e. sticks, walker) |  |  |
| Walks unaided but with some difficulty |  |  |
| Walks unaided (minimal to no difficulty) |  |  |
| Items to be transported (i.e. buggy, wheelchair, walker) (please specify) |  |  |
| Other (please specify)  e.g. incontinence sheets |  |  |

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| 1. **Education Health Care Plan Annual Review** | | |
| Is the provision of transport recommended as part of the child’s Educational Health Care Plan? | Yes  No  Don’t know | |
| At the Annual Review were transport arrangements discussed?  If yes, what was suggested? (i.e. independent traveller training, travel by bus, walk with supervision etc.) | Yes  No  Comment: | |
| Is the pupil within walking distance of school?   * less than 2 miles from home for children over 5 and under 8 * less than 3 miles from home for children aged 8 and over | | Yes  No |
| Would it be appropriate for the pupil to be issued with a bus pass? | | Yes  No |
| 1. **Declaration and signature parent/carer** | | |
| I confirm that I have read the Wirral’s Home to School Transport Policy applicable to the age of my child. To my knowledge the information provided on this form is accurate. I have read and understood the Data Protection information below and consent for the information on this form to be used in relation to Home to School Transport.  Signature of parent/carer: Date: / /  Print full name: | | |

**Data Protection**

The information you provide will be held securely in accordance with the General Data Protection Regulation. The data collected on this form is necessary to assess eligibility and also to provide the service for which you are applying. It may be shared with relevant departments within the Council and also with external agencies, bodies or companies where this is relevant to the assessment of the application or provision of the service, for example with transport contractors. Further information can be found in our Privacy Notice at [www.wirral.gov.uk](http://www.wirral.gov.uk), search for “Principal Privacy Notice”.