

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

This application form should only be completed if the child or young person requires specialist travel assistance. The completed information will help the Assisted Travel Service to determine the most suitable method of travel assistance for the child or young person concerned. This is 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 2019-2020.

Please complete all relevant sections, as fully as possible.

**Please return the form to:**

**Email:** [CYPD\\_transport4children@wirral.gov.uk](mailto:CYPD_transport4children@wirral.gov.uk)

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

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

**1. Child/young person and parent/carer details**

Child/young person's name:

Male   
Female 

Date of birth

Age on 01/09/2019

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:

<b>2. School details (under 16)</b>	
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 Health Care Plan (Previously Statement of Special Educational Needs) Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes please specify which school is named on the Education Health Care Plan or Statement	
<b>3. 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.</b>	
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 a Statement of Special Educational Needs (now Educational Health Care Plan) Prior to attending College? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes when did the Statement cease?	
Is the College 3 miles or more from your home address? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this the nearest College/Setting where the course is available? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Course	

**4. Needs of pupil (Please tick all that apply)**

Moderate Learning Difficulties (MLD)	<input type="checkbox"/>	Complex Learning Difficulties (CLD)	<input type="checkbox"/>
Specific Learning Difficulties (SPLD)	<input type="checkbox"/>	Social Emotional & Mental Health	<input type="checkbox"/>
Attention Deficit Hyperactivity Disorder (ADHD)	<input type="checkbox"/>	Allergy (please specify)	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Autistic Spectrum Condition (ASC)	<input type="checkbox"/>
Deaf and Hearing Impaired	<input type="checkbox"/>	Visually Impaired	<input type="checkbox"/>
Diabetic (not yet properly controlled by medication)	<input type="checkbox"/>	Diabetic (effectively controlled by medication)	<input type="checkbox"/>
Epilepsy (not yet properly controlled by medication)	<input type="checkbox"/>	Epilepsy (effectively controlled by medication)	<input type="checkbox"/>
Speech and Language	<input type="checkbox"/>	Tracheostomy/Breathing Difficulties	<input type="checkbox"/>
Oxygen Dependant	<input type="checkbox"/>	Taking prescribed medication (please specify)	<input type="checkbox"/>

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.**

<b>5. Behaviour considerations</b>		
<b>Issue</b>		<b>Comment</b>
Challenging behaviour (please provide further information)	<input type="checkbox"/>	
Violence to others (i.e. pupils, escorts)	<input type="checkbox"/>	
History of absconding (running away, i.e. from school, from taxi)	<input type="checkbox"/>	
Other (please specify)	<input type="checkbox"/>	
<b>6. Travel assistance requirements (please tick all boxes that apply)</b>		
<b>Type</b>		<b>Comment</b>
Travels in a wheelchair (include details, i.e. manual or electric, make or model, dimensions, headrest etc.)	<input type="checkbox"/>	
Travels in a wheelchair unaided	<input type="checkbox"/>	
Booster Seat	<input type="checkbox"/>	
Car Seat	<input type="checkbox"/>	
Harness (Posture or restraint)	<input type="checkbox"/>	
Uses mobility aid to walk (i.e. sticks, walker)	<input type="checkbox"/>	
Walks unaided but with some difficulty	<input type="checkbox"/>	
Walks unaided (minimal to no difficulty)	<input type="checkbox"/>	
Items to be transported (i.e. buggy, wheelchair, walker) (please specify)	<input type="checkbox"/>	
Other (please specify) e.g. incontinence sheets	<input type="checkbox"/>	

**7. Education Health Care Plan Annual Review (Previously Statement of Special Educational Need)**

Is the provision of transport recommended as part of the child's Educational Health Care Plan (Previously Statement of Special Educational Need)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>  Comment:
Is the pupil within walking distance of school? <ul style="list-style-type: none"> <li>• less than 2 miles from home for children over 5 and under 8</li> <li>• less than 3 miles from home for children aged 8 and over</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would it be appropriate for the pupil to be issued with a bus pass?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**8. 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 and I have read and understood the Fair Processing Notice.

Signature of parent/carer: \_\_\_\_\_ Date:    /    /

Print full name: \_\_\_\_\_

**Fair processing notice**

The Local Authority (LA) uses information about children for whom it provides services to enable it to carry out specific functions for which it is responsible, such as the assessment of any special educational needs the child may have or how to best provide transport services to a young person. The LA also sometimes shares some or all of a young person's personal information with those that are planning how to improve services.

The LA also uses the information to derive statistics to inform decisions on (for example) the funding of schools, and to assess the performance of schools and set targets for them. The statistics are used in such a way that individual children cannot be identified from them.

For more detail and additional information please see <https://www.wirral.gov.uk/about-council/freedom-information-and-data-protection/data-protection-act>