Application Form

Home to School Travel Assistance (for ages 5-16)

This form is for parents and carers who wish to apply for travel assistance for their child.

If you require travel assistance starting in September term, please ensure you **apply before 6th July 2018** or we cannot guarantee that arrangements will be in place on time. Before completing this application form please make sure you have read the Home to School Travel Assistance Policy (available at [www.croydon.gov.uk/5-16TravelAssistancePolicy](http://www.croydon.gov.uk/5-16TravelAssistancePolicy)) and our Code of Conduct (available at [www.croydon.gov.uk/](http://www.croydon.gov.uk/)TravelAssistanceConduct).

**To apply you need to enclose:**

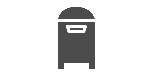
* A medical statement or letter from the child’s GP may be requested as evidence that the child cannot travel independently
* The most recent copy of your tax credits award notice from HMRC (including part 2) if you are in receipt of the maximum level of Working Tax credit
* Name of the child’s allocated social worker if the child is looked after by the local authority
* Evidence of parent’s disability, such as a letter from a GP, if relevant to child’s travel needs
* Evidence that the child requires a passenger assistant, such as documentation from the child’s school or from a medical professional, if you indicate that an assistant is required

**Completing the form:**

Writing by hand? Please use black or blue ink and write in CAPITAL LETTERS

**Send the completed form and all relevant documents (scanned or hard copies) to:**

Koreen Sinclair, SEND Travel Assistance Team

 E-mail: [Koreen.sinclair@croydon.gov.uk](mailto:Koreen.sinclair@croydon.gov.uk) OR

Post: Floor 3 Annex Zone G, Bernard Weatherill House, 8 Mint Walk, Croydon CR0 1EA

**IMPORTANT:** Incomplete forms will be returned to you and will result in delays

**What happens next?**

We will inform you of the outcome of your application in the next 20 working days. If eligibility is agreed, the Council will decide what type of assistance will be provided.If you do not accept the travel assistance offered the application will be withdrawnand you will be responsible for getting your child to and from school.

**Legal Declaration:**

It is a criminal offence to knowingly or recklessly give false information, withhold information or fail to tell the Council of any changes in your circumstances that might affect your eligibility. If we find that you have committed such an offence, you may be prosecuted.

**Please confirm that you have read and understood the information on this page by entering your initials here:** ..………….

**1. Pupil details**

First name: ……………………………... Last name: ……………………………...

Gender: Male Female Date of birth: ……………………………..

**Pupil’s Permanent Address**

House Number/ Name: ………………………………………...

Address 1: ………………………………………...

Address 2: ………………………………………...

Town/ City: ………………………………………...

Postcode: ………………………………………...

**School Details (for which travel assistance is requested)**

School Name: ………………………………………...

Address 1: ………………………………………...

Address 2: ………………………………………...

Town/ City: ………………………………………...

Postcode: ………………………………………...

Start date at school: ………….. Date travel assistance is required from: …………..

School year group: ………. School start time: ………….. School finish time: …………..

Please describe how your child currently travels to and from school:

………………………………………………………….………………………………………………………………………………………………………………………………………………………….

Please advise if there is any difficulty in accessing the child’s home, such as no parking zones or barriers:

………………………………………………………….………………………………………………………………………………………………………………………………………………………….

Is the child ‘Looked After’ by Social Care: Yes  No

If‘Yes’ by which Local Authority: ………………………………………………………………..

If‘Yes’ provide name of allocated social worker: ………………………………………………

**2. Parent/carer’s contact details**

It is your responsibility to let us know if your address or phone number changes.

Title:............ First name: ………………………….. Last name: …………………………...

Relationship to pupil: ……………………………………………………………………………….

**Parent/ carer’s address:**

If the address is the same as pupils please tick here (and leave this section blank)

House Number/ Name: ………………………………………...

Address 1: ………………………………………...

Address 2: ………………………………………...

Town/ City: ………………………………………...

Postcode: ………………………………………...

Is this address a permanent address:Yes  No

**Contact telephone numbers and email:**

Home: ………………………………………... Mobile: ………………………………………...

Work: ………………………………………... E-mail: ………………………………………...

**3. Emergency Contact:**

It is important to provide the details of a second contact in the event that we are unable to make contact with you.

Title:............ First name: ………………………….. Last name: …………………………...

Relationship to pupil: ……………………………………………………………………………….

**Emergency Contact Address:**

If the address is the same as pupils please tick here (and leave this section blank)

House Number/ Name: ………………………………………...

Address 1: ………………………………………...

Address 2: ………………………………………...

Town/ City: ………………………………………...

Postcode: ………………………………………...

**Contact telephone numbers:**

Mobile: ………………………………………... Other: ………………………………………...

**4. Parent/ carer support**

Are you in receipt of the maximum level of Working Tax credit?  Yes  No

*If yes please enclose the most recent copy of the tax credits award notice from HMRC.*

Are you in receipt of Free School meals?  Yes  No

Do you or your partner drive? Yes No

Do you or your partner currently have access to a car? Yes No

Has a mobility vehicle been provided for the benefit of the child or young person?

Yes No

Does your child require a passenger assistant?  Yes No

*Please provide evidence, such as a letter from the school or a medical professional. A passenger assistant will only be considered where they are necessary for the safe operation of vehicles and/or the care of children or young people.*

Has your child been previously provided with a travel assistant?  Yes No

*Please provide evidence such as a letter from the school or a medical professional.*

Can you or someone you know act as a passenger assistant?  Yes No

Please explain what prevents you or your partner from taking your child to school. If you or your partner have a disability which makes it unreasonably difficult for you to do so, please enclose evidence to this effect (e.g., a letter from a GP or medical consultant).

……………………………………………………………………………………...………………….

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Please describe what steps have been taken towards providing independent travel for your child (e.g., training or support groups attended, use of accessibility equipment, sharing transport with others etc.).

……………………………………………………………………………………………………….

…………………………………………………………………………………………………………

Has your child attended Croydon Bus Day (monthly training designed to help people with SEND to feel more confident when using the bus)?  Yes  No

If you are interested in more information about the Bus Day please tick here:

In some cases the council may offer you monthly monetary payments (Personal Transport Budget), to give you the flexibility to make travel arrangements that are best suited to you and the child.

If you are interested in a personal transport budget please tick here:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **5. Pupil’s Needs**  Does your child have an Education Health and Care Plan or Statement of SEN:  Yes  No  *If yes please enclose a copy of the plan or statement with this application.*  Please tick as appropriate any of the following that apply to your child and provide details: | | | | | | |
| **Child’s Needs:** | |  | | | | If you have ticked yes, please provide additional information. |
| Emotional and behavioural difficulties | | Yes | | No | |  |
| Autistic Spectrum Disorder | | Yes | | No | |  |
| Communication difficulties | | Yes | | No | |  |
| Speech and language difficulties | | Yes | | No | |  |
| Physical disabilities | | Yes | | No | |  |
| Hearing impairment | | Yes | | No | |  |
| Visual impairment | | Yes | | No | |  |
| Learning difficulties | | Yes | | No | |  |
| Breathing difficulties | | Yes | | No | |  |
| Medical conditions (e.g. epilepsy, diabetes, incontinence, allergies, anaphylaxis) | | Yes | | No | |  |
| Any other conditions, disabilities or impairments:  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | | | |
| **4. Mobility**  *If your child travels in transport in a buggy or wheelchair, please make sure it is in good repair. An unsafe wheelchair will not be transported.*  Please tick as appropriate any of the following that apply to your child and provide details. | | | | | | |
| **Child’s Needs - is your child able to:** | | | | If you tick yes, please provide additional information where applicable. | | |
| Walk unaided | | Yes | No |  | | |
| Climb steps | | Yes | No |  | | |
| Walk unaided but with some difficulty | | Yes | No |  | | |
| Walk without assistance | | Yes | No |  | | |
|  | | | | | | |
| **Does your child:** | | | | If you tick yes, please provide additional information where applicable. | | |
| Use a mobility aid to walk? Please provide further details. | | Yes | No |  | | |
| Need help to get in and out of a vehicle. | | Yes | No |  | | |
| Use a wheelchair. Please provide make and model. | | Yes | No |  | | |
| Need to travel in their wheelchair. | | Yes | No |  | | |
| Use an adapted Buggie Please provide make and model. | | Yes | No |  | | |

**Section 4: Relevant information not detailed above**

Is there any other information that we should know in the interest of your child’s welfare (if Yes please provide details):  Yes  No

……………………………………………………….…………………………………………….………………………………………………………………………………….……………………….……..…………………………………………………………………………………………………………

**Section 5: Parent/Carers Declaration:**

The information on this application form is true and correct to the best of my knowledge.

I have enclosed all the necessary supporting papers.

I understand that my child’s application will be judged strictly in accordance with the Croydon SEN Travel Assistance Policy.

I understand that the evidence I have provided may require verification and give consent to contact being made with the authors of the supporting documents and other professionals who know my child. I understand that the information provided in this form may be shared with other internal and external partners, for example, the SEN Team, schools, colleges etc.

I confirm that I have read and understood the:

Code of Conduct ……………………………………...…………………………….………….

*Available at:* [*www.croydon.gov.uk/TravelAssistanceConduct*](file:///C:\Users\020534\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\1AC0AZM6\www.croydon.gov.uk\TravelAssistanceConduct)

Home to School Travel Assistance Policy…………………..……….……………………….

*Available at:* [*www.croydon.gov.uk/5-16TravelAssistancePolicy*](file:///C:\Users\020534\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\1AC0AZM6\www.croydon.gov.uk\5-16TravelAssistancePolicy)

The General Data Protection Regulation Privacy Notice and I give my consent for the data provided in this form to be used and shared accordingly. I understand that if I do not give my consent for the data to be used this may affect entitlement to travel assistance……………………..……….……………………………..…….

*Available at:* [*www.croydon.gov.uk/TravelAssistanceDataProtect*](file:///C:\Users\020534\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\1AC0AZM6\www.croydon.gov.uk\TravelAssistanceDataProtect)

**If I do not accept the travel assistance allocated the application will be withdrawn and I will take responsibility for my child’s travel to and from school.**

**Print full name:** ………………………………….. **Date:**……………………..

**Signature (print name if submitting electronically):** …………………………………………...

**End of application**

**Thank you in advance for checking the form has been completed correctly and fully.**

**We will contact you within the next 20 days with our decision.**