

APPLICATION FOR TRAVEL ASSISTANCE FOR PUPILS WITH ADDITIONAL NEEDS : 2018/2019

Please fill in this form and return to Wakefield Council, Learner Support Services, Home to School Transport Team, Room 42, County Hall, Wakefield. WF1 2QL

You will need to complete a separate Application Form for Post 16 Learners (please contact 01924 306980).

Please read the guidance notes before you fill in this form. All sections must be completed in **black ink**.

Please ensure you attach any supporting documentation to your application to verify any statements you may have made. Examples of these may be letters or statements from doctors or other health professionals who are suitably qualified to give a professional opinion.

Part 1 – Child Details

First Name:		Last Name:	
Date of Birth:	Age:	Gender: Male / Female	
Permanent Home Address:			
Postcode:			

Part 2 – Name of Parent / Carer 1

Mr/Mrs/Ms/Miss:	First Name:	Last Name:	
Permanent Home Address (if different from above):			
Postcode:			
Home Telephone Number:		Work Telephone Number:	
Mobile Phone Number:	E-mail Address:	Relationship to Child:	

Part 2 – Name of Parent / Carer 2 (if different from above)

Mr/Mrs/Ms/Miss:	First Name:	Last Name:	
Permanent Home Address (if different from above):			
Postcode:			
Home Telephone Number:		Work Telephone Number:	
Mobile Phone Number:	E-mail Address:	Relationship to Child:	

Part 3 - Emergency Contact

(please provide details of anyone else we should contact in the event of an emergency should we be unable to contact you)

Contact name:	Contact Telephone number:	Relationship to child:
<i>In an emergency situation only we may need to drop your child off at an alternative address following approval from you/Social Care Direct. To safeguard your child we will request the approved person is given an agreed password. Please insert your password using a mix of letters and numbers (no longer than 9 characters):</i> Password:		

Do you receive Free School Meals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you receive the Maximum Level of Working Tax Credit? <i>(If YES attach a copy of the 2017/2018 Tax Credit Award Notice (inc. Part 2 which shows the Working Tax Credit element)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you receive Universal Credit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Part 4 – Social Worker / Family Support Worker Details – proceed to Part 5 if you do not have one

Name of Social /Family Worker:	Social Care Team:	Contact Telephone Number:
Name of Team Manager:		
Is the child in care to Wakefield Local Authority: If the child is in care to another Local Authority please state which one:		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part 5 – School/College Details

Name of School/College (to which transport is required):	
Address:	
Postcode:	
Telephone Number:	Proposed Start Date:

Will they need transport: (please tick)

Every day Weekly Boarder Termly Boarder Other (please give details below)

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What time does your child start and finish school?

	Monday	Tuesday	Wednesday	Thursday	Friday
Start time					
Finish time					

Is this a temporary assessment placement? Yes No

(i.e. temp 6-8 wks until an assessment can be made as to which school can best meet need)

Part 6 - Family Circumstances

Do you have a vehicle in your family household?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you receive Disability Living Allowance (DLA) for your child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES please indicate what level is received:	
Care component (please tick):	Lowest <input type="checkbox"/> Middle <input type="checkbox"/> Highest <input type="checkbox"/>
Mobility component (please tick):	Lowest <input type="checkbox"/> Higher <input type="checkbox"/>
Have you received a vehicle through the motability scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to transport your child to and from school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO please provide reasons (if you do not provide details we cannot process your request)	
Do you have other children in your household who attend school/college?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES what school/college do they attend and how do they travel to and from school/college?	
How does your child travel when not at school or college (i.e. weekend and after school activities, school holidays)?	
How does your child currently travel to/from school or college?	

Does your child receive help with travel to respite, home based break service etc? **Yes** **No**
 If Yes, please provide full details (i.e. frequency, how they travel):-

Part 7 – Mobility

Does your child need to travel in a wheelchair? **Yes** **No**

Does your child need to travel in a **crash tested** buggy? **Yes** **No**
(it is your responsibility to ensure it is crash tested before your child travels in this on the school transport)

Please provide details of the wheelchair/buggy:

Make Model

Dimensions
(If you do not provide the size of the wheelchair we cannot check it will fit in the vehicle)

Is this (please tick): Manual Powered Serial No.

Details of any attachments and/or modifications:-

Can your child transfer from a wheelchair to a seat unaided? **Yes** **No**

If NO what assistance will they require?

Will your child's wheelchair/buggy need to be transported with them? **Yes** **No**

Will the wheelchair/buggy collapse so it can go into the vehicle? **Yes** **No**

Part 8 – Physical Difficulties

Please describe any physical difficulties your child may have using transport (if any)

(does your child have difficulty getting into/out of the vehicle? Do they have a tendency to stumble/trip? - continue on a separate sheet if necessary)

Part 9 - Independence

Could your child travel to school on public transport (i.e. bus/train)?
 On their own? **Yes** **No**
 Accompanied by an adult? **Yes** **No**

If NO please provide details why not (it is important you provide this information otherwise we may not be able to process your application)

Could your child walk to and from school/college?
 On their own? **Yes** **No**
 Accompanied by an adult? **Yes** **No**

If NO please provide details why not (it is important you provide this information otherwise we may not be able to process your application)

Can your child travel in the front seat of the vehicle (next to the driver)? (Please note: child locks cannot be activated in the front seat of the vehicle)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there any reason why child locks should be activated? If Yes please provide details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child received any independent travel training? If Yes, what was the outcome?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there any reason why your child cannot undergo a travel training assessment? If Yes, why not, please specify reasons	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Part 10 – Equipment

All children who travel on home to school transport **MUST** on health and safety grounds travel in an appropriate booster/car seat and wear an appropriate seatbelt or harness when travelling otherwise they will not be allowed to travel.

Does your child require a harness whilst travelling? If Yes, please provide details (eg crelling "houdini" harness)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
.....		
Does your child require a wrist-strap? (it is parent/carers responsibility to provide the appropriate wrist-strap)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>The law states all children travelling in a car must use a child car seat until they're 12 years old or 135 cm tall, whichever comes first. Children over 12 or more than 135cm tall must wear a seatbelt. New regulations are expected to come into force from 1 March 2017 meaning backless booster seats or cushions will only be approved for use by children taller than 125 cm and weighing more than 22kg. Currently children as young as 3 or 15kg are able to use a backless booster seat. If you have an existing booster seat you can use it but it is recommended your child has a high-backed booster seat which can offer more protection in a side-impact crash situation.</p>		
How much does your child weigh in kg?		
How tall is your child in cm?		
Does your child require a car seat*? (it is parent/carers responsibility to provide the appropriate car seat)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child require a booster seat*? (it is parent/carers responsibility to provide the appropriate booster seat)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child require any other special seating or additional restraints? If Yes please provide details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Only essential equipment which is required for your child's daily living needs will be transported with them. My child will require the following essential equipment when travelling to and from school (please tick):</p>		
Wheelchair	<input type="checkbox"/>	
Wheelchair (folding)	<input type="checkbox"/>	
Buggy (if your child travels in this it is your responsibility to ensure it is crash tested)	<input type="checkbox"/>	
Walker	<input type="checkbox"/>	
Harness	<input type="checkbox"/>	
Car Seat	<input type="checkbox"/>	
Booster Seat	<input type="checkbox"/>	

- Suction machine
- Oxygen machine and/or cylinders
- Nebuliser
- Conti-pads etc
- Communication aid (with/without stand)
- Other specialist equipment

(please state)

If your child requires additional bags (i.e. when in respite) you will need to make the appropriate arrangements with the respite carer direct to transport these.

Part 11 – Additional Needs

Does your child have a statement of special educational needs? Yes No
 Does your child have an Education Health and Care Plan (EHCP)? Yes No

Please tick ALL relevant boxes which apply to your child:

- ADHD:
- Allergies (i.e. plaster or other)
- Asthma (effectively controlled):
- Asthma (**not yet** effectively controlled – inhaler required)
- Autism:
- Balance and co-ordination difficulties:
- Breathing problems:
- Challenging behaviour:
- Continence difficulties:
- Deteriorating physical condition (i.e. degenerative condition) – **provide details**
- Diabetes (effectively controlled by medication):
- Diabetes (**not yet** effectively controlled by medication):
(if journey delayed what action needs to be taken – **provide details**)
- Epilepsy (effectively controlled by medication):
- Epilepsy (**not yet** effectively controlled by medication):
(what type, how often, warning signs, action to take – **provide details**)
- Epipen:
- Hearing difficulties:
- Moderate Learning Difficulty (MLD):
- Oxygen (how often is this required, what are the warning signs, action to take?)
- **provide details**
- Physical disability:
- Profound and Multiple Learning Difficulties (PMLD):

Severe Learning Difficulties (SLD):	<input type="checkbox"/>
Speech, language or communication difficulty:	<input type="checkbox"/>
Suction (oral aspiration):	<input type="checkbox"/>
Visual impairment:	<input type="checkbox"/>
Other (please provide details)	<input type="checkbox"/>

Part 12 – Behaviour Needs

Please note: if your child brings any offensive or unsafe object (including replicas) on the school transport which could place themselves or others at risk they will not be allowed to travel. This could include knives, pen-knives, craft knives, scissors, screwdrivers, cigarette lighters, lighter fuels, aerosol cans, cutlery etc

Does your child have a Behaviour Management Plan? Yes No
 If Yes, please attach a copy as this will be required **before** your child is allowed to travel

How is your child likely to behave on the transport, bearing in mind transport staff and other passengers may be new to them? Is there anything that might make your child anxious e.g. noise, smell, physical contact?

If your child displays challenging behaviour, what is this likely to be? e.g. inappropriate language, undoing seatbelt, biting, spitting, kicking

Do you have any suggestions/advice that might help transport staff dealt with the situation e.g. what are the warnings signs or triggers to look for?

Does your child display any sexualised behaviours e.g. language or behaviour towards others which may place them or others at risk?

Are there any other behaviour concerns you feel/ we need to be aware of that could place your child or others at risk whilst travelling and how should we respond eg likely to abscond from vehicle

Part 13 – Medication

We need this information so transport staff can respond to the specific needs of your child and in case of an emergency pass on details to the emergency services. Transport staff will follow an agreed protocol in case of emergency (i.e. ring 999 or divert to nearest hospital if no more than 10 mins away) as they cannot administer any medication without the appropriate training and authorisation. **Please provide medical evidence to support your request.**

Please note: If your child is accompanied by an escort who has been specifically medically trained (eg buccal medication / oral suctioning / oxygen / epipen etc) and that escort is subsequently off work and we cannot find a suitably trained replacement, then on health and safety grounds your child will be unable to travel on the journey. We hope however these occasions will be kept to a minimum.

Does your child have an Individual Health Care Plan? **Yes** **No**
If Yes, please attach a copy as this will be required **before** your child is allowed to travel

Does your child carry any medication with them whilst travelling? **Yes** **No**
If Yes, please provide full details including named tablets and dosages e.g. Ventolin Inhaler 100 mg two puffs when needed

Does your child suffer from allergies? **Yes** **No**
If Yes please provide details eg Nut Allergy Epipen in bag

Does your child suffer from epilepsy? **Yes** **No**
If Yes please provide details of the seizure, medication and dose required eg tonic clonic seizures, 10mg/2ml dose of buccal meds required after 5 mins (refer to Health Care Plan)

What are the triggers/signs to look out for eg facial twitching and eyes rolling

If your child has any other medical condition which transport staff need to be aware of whilst your child is travelling (e.g. gastrostomy fed, oxygen) please provide us with full details and the action required (eg if tube falls out of place what action is required)

Part 14 – Additional Information

Please tell us anything else we should be aware of or will help transport staff communicate with your child including any particular likes/dislikes, hobbies or interests or any particular phobias or topics they should avoid.

The Data Protection Act 1998

By signing the declaration below you are giving us permission to share the information contained in this application form for the purpose of providing transport.

Declaration by Parent/Carer

I can confirm that to the best of my knowledge the information given on this form is correct and true. I accept the responsibilities as listed above and will notify the Home to School Transport Team/Passenger Transport Team of any changes in the information provided about my child including the address, carer details and medical needs.

I give authorisation for my child to travel on school transport whilst wearing a *harness / wrist-strap / booster seat / car seat as provided by the parent/carers (**please delete as appropriate*)

Signed (Parent/Carer):

Print name Dated

If the person who has completed this form is not the child's parent/carers, please provide the following information (please note however that you are signing to confirm that to your knowledge the information contained in the form is accurate and up-to-date)

Name Organisation

Role (i.e. Social Worker)..... Contact Tel number.....

Signature Dated

Thank you for completing this form and working with us to provide safe and effective transport for your child. If however you fail to disclose or bring to our attention information that is pertinent to your child's safety whilst travelling on home to school/college transport the Local Authority cannot be held responsible.

Our commitment to you and your child:

When transporting children and young people with physical/medical/special educational needs the Local Authority **will** ensure that health and safety is paramount at all times. Inevitably, however, there will be occasions when depending upon the circumstances, a journey to school may be cancelled or a pupil is temporarily removed from the journey to ensure the safety of all users, including the pupil, escorts and the driver. In these circumstances, the Local Authority will try and make alternative arrangements to transport the pupil to school/college. Depending on the circumstances you may be asked to transport the pupil to school/college for which the Local Authority will refund the costs you have incurred.

Where a decision is taken to remove the pupil from their assisted transport or cancel a journey, this is only taken when all other alternatives have been exhausted and the minimum health and safety requirements would not be met

Incomplete or unsigned forms, or forms with insufficient information will not be processed and will be returned.