

Application for assistance with home to school travel arrangements for children and young people with Special Educational Needs.

You can find a copy of our travel assistance policy online at www.croydon.gov.uk or you can call 0208 604 7551 or 0208 604 7412 and we will send one to you.

It is important that you fully complete this form to avoid delay in the processing your application. If we do receive all the information we aim to process your application within 20 working days of receipt. **Application forms must be received by the 14th July 2017** for travel assistance to be in place for the start of term in September 2017. **We cannot guarantee that travel assistance will be in place for September for forms received after the 14th July 2017.**

Warning for applicants: Please note that when making an application for travel assistance it is a criminal offence if you 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 to travel assistance. If enquiries show that you have committed such an offence, we can prosecute you.

Data protection – Please be aware that the information you supply on this application will be used to assess eligibility, recorded on a computer and, if successful, may be shared with Croydon Council's Passenger Transport Service, Croydon Travel Training Team (who assist with independent travel training) and in certain cases contractors who provide transport on behalf of the local authority. All data will be held in accordance with the Data Protection Act 1998.

Please return the **fully completed form to:**

Karen Mullins (for surnames A-K) or Koreen Sinclair (for surnames L-Z) 3rd Floor Annex Zone G, Bernard Weatherill House, 8 Mint Walk, Croydon CR0 1EA

We advise you to read the policy and Parent/Carer's handbook before you fill in this form. Please use black or blue ink and write in CAPITAL LETTERS.

Section 1: Pupil details

First name: Last name: Male Female

Date of birth: / /

Age: School year group.....

Pupil's permanent address including postcode:

.....

Name and address of the pupil's school for which travel assistance is requested (**including postcode**)

.....

.....

Start date at school:

School start time..... School finish time.....

Date Travel assistance is required from.....

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

.....

.....

Is the child 'Looked After' by Social Care? Yes No (*Please circle as appropriate*)

If 'Yes' by which Local Authority?

If 'Yes' provide name of allocated social worker:

Section 2: Parent/carer's details

It is important that we have up to date contact information.

It is your responsibility to let us know if you move house or change your phone number.

Parent/carer's details:

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

Relationship to pupil:

Home address including postcode:
.....

Please advise if the transport may have difficulty accessing your home.....
.....

Contact telephone numbers and email address:

Home: Mobile:

Work: Email:

Is this address a permanent address: Yes No?

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

If you believe you are, please enclose the most recent copy of the tax credits award notice you received from HM Revenue and Customs, make sure you enclose Part 2 of the notice.

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.

Emergency contact: First name..... Last name:

.....

Relationship to pupil:

Address including postcode:
.....
.....

Contact telephone numbers:

Home: Work:

Mobile

Do you or your partner drive?

Yes No (please circle as appropriate)

Do you or your partner currently have access to a car?

Yes No (please circle as appropriate)

Mobility vehicle has been provided for the benefit of the child or young person?

Yes No (please circle as appropriate)

Please explain what prevents you or your partner from taking/accompanying your child to school. If you or your partner has a significant long-term disability which makes it impossible or unreasonably difficult for you to take your child to school, then please provide appropriate evidence.

.....
.....
.....
.....

Please describe what steps have been taken towards independent travel for your child.

.....
.....
.....
.....

Section 3: Pupil's Needs

Does your child have an Education Health and Care Plan/Statement of SEN? YES/NO

Please circle 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	Y	N	
Autistic Spectrum Disorder	Y	N	
Communication difficulties	Y	N	
Speech and language difficulties	Y	N	
Physical disabilities	Y	N	
Does your child use a wheelchair	Y	N	
Hearing impairment	Y	N	
Visual impairment	Y	N	
Learning difficulties	Y	N	
Breathing difficulties	Y	N	
Medical conditions (e.g. epilepsy, diabetes, incontinence, allergies, anaphylaxis)	Y	N	

Any other conditions, disabilities or impairments:

.....

.....

.....

.....

Section 4 - Mobility

Please circle as appropriate any of the following that apply to your child and provide details:
 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.

Child's Needs: Is your child able to:			If you have ticked yes, please provide additional information (where applicable)
Walk unaided?	Y	N	
Climb steps?	Y	N	
Walk unaided but with some difficulty?	Y	N	
Walk without assistance?	Y	N	
Does your child;			If you have ticked yes, please provide additional information (where applicable)
Use a mobility aid to walk? Please provide further details.	Y	N	
Need help to get in and out of a vehicle?	Y	N	
Use a wheelchair? Please provide make and model.	Y	N	
Need to travel in their wheelchair?	Y	N	
Use an adapted Buggy? Please provide make and model.	Y	N	

Section 4: Other relevant information

Is there any other information concerning your child or your family that in the interest of your child's welfare we should know about?

Yes

No

(Please circle as appropriate)

If Yes, please give details:

.....

.....

.....

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 special educational needs team may need to verify the evidence I have provided and therefore I give consent to contact being made with the author of my supporting documents and other professionals who know my child..

If I do not accept the travel assistance allocated the application will be withdrawn and I will take responsibility for my child's attendance at school.

Parent or carer's signature:

Print full name:

Date:

END OF APPLICATION FORM