

# Travel Assistance Application Form

Travel Assistance – Application Form

[www.southwark.gov.uk](http://www.southwark.gov.uk)

This form is for those wishing to apply for travel assistance to take a child aged between 5 and 16 to and from home-to-school/place of learning. **Please read the Travel Assistance Policy before completing this form (a copy is available on Southwark’s website).**

1. About the child that requires assistance (hereafter ‘young person’ will be referred to as ‘child’)			
First name		Last name	
Date of birth		Boy/Girl	
Child’s home address			
	Postcode		
Is the child ‘looked after’ (i.e. placed to live with foster carers or in a children’s home) by Southwark Local Authority? (please circle)		Yes / No	
If the child is ‘looked after’ by a Local Authority other than Southwark, what is the name of that Local Authority?			
If your child has a Social Worker, please provide their name and contact telephone number			

Does the child have an Education, Health and Care Plan (EHCP)/Statement of Special Educational Needs? (please circle)	Yes / No
How does the child currently travel to their school? (Please state which school the child currently attends)	

<b>2. The child's school</b>			
Name of school to which travel assistance is being requested			
Full address of school	Postcode		
Reasons for choosing school			
Date started, or due to start, at school		Date travel assistance is being requested from	

### 3. Children who meet national eligibility criteria for free school lunches or families in receipt of the maximum level of working tax credit

In order to assess applications for travel assistance for children who are of compulsory school age, the Council needs to know if they meet the national eligibility criteria for free school lunches or their family receives the maximum level of working tax credit.

If you are applying for a child of primary school age, please answer question 3a.

If you are applying for a child aged 11- 16, please answer question 3b.

3a. If you are applying for a primary school aged child, please tick whichever applies:

<p>I receive one of the following:</p> <ul style="list-style-type: none"> <li>▪ Universal Credit</li> <li>▪ Income Support</li> <li>▪ Income based Jobseeker's Allowance</li> <li>▪ Income-related Employment and Support Allowance</li> <li>▪ Guarantee credit of Pension Credit</li> </ul>	<input type="checkbox"/>	<p>I receive the maximum level of working tax credit. (Please provide proof, e.g. your Tax Credits Award Notice from HM Inland Revenue and Customs)</p>	<input type="checkbox"/>
<p>I am entitled to and receive Child Tax Credit based on an annual income not exceeding £16,190. (Please provide proof, e.g. your Tax Credits Award Notice from HM Inland Revenue and Customs)</p>	<input type="checkbox"/>		

3b. If you are applying for a child aged 11- 16, please tick whichever applies:

<p>My child is eligible for a free school lunch</p>	<input type="checkbox"/>	<p>I receive the maximum level of working tax credit (Please provide proof, e.g. your Tax Credits Award Notice from HM Inland Revenue and Customs)</p>	<input type="checkbox"/>
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#### 4. Reasons for requesting travel assistance

Starting primary school	<input type="checkbox"/>	Recent change of address (please attach proof)	<input type="checkbox"/>
Starting Year 7	<input type="checkbox"/>	Change of school/place of learning	<input type="checkbox"/>
Other (please state in space below)	<input type="checkbox"/>		

Reasons for 'other':

Are there any reasons why the child cannot walk to their school? (please circle)

Yes / No

If you have answered yes, please state the reasons why in the box below – please provide a full description of the child's needs and copies of any relevant evidence e.g. medical evidence/letter from school – this will be considered in line with the Travel Assistance Policy.

## 5. Parent/carer's details

<b>Title (please circle)</b>	Mr   Mrs   Miss   Ms	<b>First name</b>	
<b>Surname/Last Name</b>		<b>Relationship to child/young person</b>	
<b>Address (if different from address provided in section 1)</b>			
		<b>Postcode</b>	
<b>Home Tel No.</b>		<b>Daytime Tel No.</b>	
<b>Email address</b>			
<b>Do you have a medical condition/disability that prevents you from taking your child to school? (please provide proof, such as a letter from hospital. The letter should state what the medical condition is, how it prevents you from accompanying your child to school, how long it is likely to affect you)</b>			<b>Yes / No</b>

Please continue on a separate sheet

## 6. Our Communication with you

<b>How would you like us to communicate with you?</b>	<b>Email</b>	<input type="checkbox"/>
	<b>Written correspondence (post)</b>	<input type="checkbox"/>
<b>Email/postal address (if different to address given in Section 5)</b>		

## 7. Declaration

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

By signing you are also confirming that to the best of your knowledge the information given on this form is correct and true.

Form completed by	
Relationship to child	
Signature	
Date	

## 8. Completed forms

Email to: [schooltransport@southwark.gov.uk](mailto:schooltransport@southwark.gov.uk)

Post to: Travel Assistance Team  
Southwark Council  
4<sup>th</sup> Floor, Hub 2  
PO Box 64529  
London SE1P 5LX