|  |  |
| --- | --- |
| **Application for Travel Support for Children aged 5 - 16**  **with Special Educational Needs and Disabilities (SEND)** | G:\common\Library\Master Documents\Generic\Logos\council logo (b&w).jpg |

|  |
| --- |
| The qualifying criteria for the provision of travel support from home to school are set out in Kirklees Council’s ‘Policy for Home to School Transport Arrangements for 2020-2021’ |

**HOW TO APPLY**

|  |
| --- |
| * Read the policy. * Please complete the application form using black ink and CAPITAL LETTERS. * Complete all of the appropriate sections in full and provide as much information as possible. * State on what grounds you are applying for assistance with travel and give reasons. * Let us know if there is anything relevant to your child’s needs when travelling. * Incomplete information may lead to delay in assessing your information. * Include any extra information you want us to consider. Enclose photocopies of your supporting evidence where necessary. Do not send original documents. We cannot supply photocopies or return original documents. * The declaration on this form must be signed by: * The parent/carer OR * An appropriate member of the school to which your child is admitted and registered.   Signatories are responsible for the accuracy of the information provided.   * **Send the completed form by 31 March 2020 to**:   **SEN Assessment & Commissioning Team,**  **Kirkgate Buildings, Byram Street, Huddersfield, HD1 1BY**  Telephone: 01484 456888; Email: [SENACT@kirklees.gov.uk](mailto:SENACT@kirklees.gov.uk)   * **PLEASE NOTE: For forms not completed and received by 31 March 2020, travel support cannot be guaranteed for the start of the new school year in September 2020** |

**DETAILS OF YOUR CHILD**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname | First Name | Other Name | | | | |
| Date of Birth | Age | Male |  | | Female |  |
| **Is your child fostered or in public care**  If yes, to which Local Authority | | | | Yes No | | |

**SCHOOL DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name and address of the school to which your child would like assistance with transport: | | | | | |
| Academic year for which assistance is required | | Full time |  | Part time |  |
| Current school year  | Next school year  | Start date | | | |

**PARENT / CARER DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mr/Mrs/Ms/Miss | Surname | | | | First name |
| Your Child’s Permanent Home Address | | | | | |
| Postcode | | | How long have you lived at this address | | |
| Home Tel: | | | | Mobile Tel: | |
| Email Address: | |  | | | |

Please tick if any of the following apply to your child and provide supporting evidence

|  |  |  |  |
| --- | --- | --- | --- |
| **My child is between 5 and up to 8 years old and lives beyond 2 miles from the nearest suitable school *or* my child is aged 8 years old or over and lives 3 miles beyond the nearest suitable school.**  To be eligible your child needs to attend the nearest suitable qualifying school to your home. Please refer to the ‘Policy for Home to School Transport Arrangements 2016-17’ for full details. | | Yes No | |
| **My child has special education needs, a disability or mobility problems.**  Please give details of the special educational needs, disability or mobility problems | | Yes No | |
| If you have ticked this box, how does this special educational needs, disability or  mobility problems condition prevent your child from walking to school? | | | |
| Please provide supporting evidence from your child’s GP or other qualified medical professional | |  Enclosed | |
| **I am in receipt of maximum working tax credit**  Please provide supporting evidence of a full copy of HM Revenue and Customs ‘Tax Credit Awards Notice’ showing the entitlement to ‘Maximum Working Tax Credit’ for the  current year | | | Yes No |
|  |  | | |
| **My child is entitled to free school meals** | | | Yes No |
| **My child is age 11 up to 16 years old, from a low income family and attends school on the basis of my religion or belief.**  Please provide supporting evidence, for example a certificate of baptism or confirmation, or a letter from faith leader confirming the belief.  **To be eligible you must be in receipt of maximum working tax credit or your child must be entitled to free school meals.** | | | Yes No |
| **The nature of the route that my child would have to walk means that the journey would be unsafe.** Please refer to Kirklees Council’s ‘Policy for Home to School Transport for 2019-2020’ for full details. | | | Yes No |

|  |
| --- |
| Under Section 508C Education Act 1996, the local authority can, in exception circumstances, use its discretion to provide free transport arrangements. If you feel that your child may quality under this arrangement, please provide the reasons for this below. |

|  |
| --- |
| If it is determined that you are eligible for travel support, the following information is required to identify  your child’s needs and to assess any risks when travelling.  Please tick ‘Yes’ or ‘No’ to each question and provide details if applicable. |

**PART 1 - INDEPENDENT TRAVEL**

|  |  |
| --- | --- |
| Is your child able to walk to school unaccompanied | Yes No |
| Is your child able to walk to school accompanied by an adult | Yes No |
| Can your child recognise the dangers of crossing the road | Yes No |
| Can your child use a light controlled and/or pedestrian crossing | Yes No |
| Can your child learn to remember routes and directions | Yes No |
| Is your child able to travel independently on public transport | Yes No |
| Can your child read a bus number/destination | Yes No |
| Can your child negotiate a complex journey, involving a change of transport mode en route | Yes No |
| Can your child successfully deal with service disruption en route | Yes No |
| Can your child request help from an appropriate source | Yes No |
| Can your child maintain their own personal safety | Yes No |
| Can your child deal appropriately with strangers | Yes No |
| Does your child already travel independently (e.g. to town at the weekends) | Yes No |

**PART 2 - MOBILITY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is your child able to walk unaided with little or no difficulty | | | | | | | | | | | | Yes No | |
| Is your child able to climb steps | | | | | | | | | | | | Yes No | |
| Is your child able to walk unaided with some difficulty | | | | | | | | | | | | Yes No | |
| Is your child able to walk with assistance | | | | | | | | | | | | Yes No | |
| Does your child use a mobility aid to walk | | | | | | | | | | | | Yes No | |
| Does your child have difficulty accessing a vehicle | | | | | | | | | | | | Yes No | |
| Does your child need help to get into, or out of a vehicle | | | | | | | | | | | | Yes No | |
| If you have answered yes to any question relating to mobility, please give further details. | | | | | | | | | | | | | |
| **Will your child need to take any of the following mobility aids on transport:**   * Crutches | | | | | | | | | | | | | |
| * Crutches | | | | | | | | | | | Yes No | | |
| * Posture Walker | | | | | | | | | | | Yes No | | |
| * Rigid Frame | | | | | | | | | | | Yes No | | |
| * Foldable Frame | | | | | | | | | | | Yes No | | |
| **Does your child have to travel in the wheelchair** | | | | | | | | | | | Yes No | | |
| Type: | Wheelchair | |  | | | Crash-tested buggy | |  | Scooter | | | |  |
| Size: | Small | |  | | | Medium | |  | Large | | | |  |
| Operation: | Manual | |  | | | Electric | |  |  | | | | |
| What is the make: | | | | | | What is the model: | | | | | | | |
| Details of any attachments: | | | | | | | | | | | | | |
| **If your child is a wheelchair user who can transfer to a seat in a vehicle, can they do this:** | | | | | | | | | | | | | |
| * On their own * With help | | | | | | | | | | | Yes No  Yes No | | |
| **Does your child require any special seating** | | | | | | | | | | | Yes No | | |
| Type: | | Baby  | | Child  | | | Booster  | | | | Standard  | | |
| Give details: | | | | | | | | | | | | | |
| **What is your child’s:**  **Weight in kg** | | | | | **Height in metres** | | | | | | | | |
| **Does your child need any specialist equipment to be transported**  (e.g. suction machine, oxygen etc.)  If yes give details: | | | | | | | | | | Yes No | | | |

**PART 3 – COMMUNICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **UNDERSTANDING** | | | |
| **Does your child have difficulty following simple safety instructions**  Give details: | | | Yes No |
| **Does your child know the difference between children and adults**  Give details: | | | Yes No |
| **HEARING** | | | |
| **Is there a level of impairment**  Give details: | | | Yes No |
| **Does your child use sign language** | | | Yes No |
| BSL  | Makaton  | Other  Give details | |
| **VISUAL** | | | |
| **Is there a level of impairment**  Give details: | | | Yes No |
| **SPEECH** | | | |
| **Does your child have clear/verbal speech**  Give details: | | | Yes No |
| **What system do you use to communicate with your child**  Give details: | | | Yes No |

**PART 4 – PHYSICAL NEEDS**

|  |  |
| --- | --- |
| **PAIN** | |
| **Are there implications for the way your child is handled**  Give details: | Yes No |
| **SKIN** | |
| **Are there implications for the way your child is handled**  Give details: | Yes No |
| **HISTORY OF FALLS** | |
| **Are there any problems**  Give details: | Yes No |
| **HANDLING** | |
| **Are there any special arrangements for handling**  Give details: | Yes No |
| **INCONTINENCE** | |
| **Will your child require special arrangements**  Give details: | Yes No |

**PART 5 – HEALTH NEEDS AND MEDICAL CONDITIONS**

|  |  |  |
| --- | --- | --- |
| If your child’s health or medical condition will be an issue when travelling, please give details below. Include any actions that should be taken and what, if any, warning signs we need to be aware of. | | |
| **BREATHING** | | |
| **Are there any breathing difficulties or chest/heart problems**  What action should be taken: | | Yes No |
| **SEIZURES** | |  |
| **Does your child have epileptic seizures (e.g. epilepsy, diabetic, oxygen deprivation)**  How often: | | Yes No |
| When was the last one: | | |
| Generally, how long do the seizures last: | | |
| What are the warning signs: | | |
| What action should transport staff do to assist your child when having a seizure: | | |
| **ALLERGIES** |  | |
| **Does your child have any allergies**  Give details: | Yes No | |
| **SPECIAL DIETARY NEEDS** |  | |
| **Are there any needs if the journey was significantly delayed**  Give details: | Yes No | |
| **MEDICATION** | | |
| [Please note that drivers and passenger assistants are unable to administer medicines or  offer medical treatment] | | |
| **Does your child have a medical condition that means they might need medical treatment whilst they are travelling to and from school**  If yes, you **must** give details. | | Yes No |
| **Does your child need to carry any medicines with them (e.g. Epipen or Inhaler)**  If yes, give details: | | Yes No |

**PART 6 – PRESENTING BEHAVIOURS AND ANXIETIES** [If not applicable go to Part 7]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FEARS / PHOBIAS** | | | | | |  | |
| **Does your child have any fears or phobias that relate to travelling**  Give details: | | | | | | Yes No | |
| **Does your child present behaviours that are a risk to themselves and/or others whilst travelling**  If yes, please tick a description of your child’s current presenting behaviour(s): | | | | | | Yes No | |
| Refusing to follow instructions …  Inappropriate language …….….…  Screams ……………………………….  Verbal abuse …………………………  Threats of violence …………..….…  Bullying …………………………………  Grabs ……………………………...……  Nips ………………………………...…… |                | Scratches ……………………..  Bites …………………………….  Spits …………………………….  Slaps ……………………………  Punches ……………………….  Kicks ……………………………  Assaults peers ………………  Assaults adults …………….. |                | Undresses …………………………  Sexualised ………………………..  Flees whilst travelling …………  Flees whilst getting on/off …..  Throws things ……………………  Damage to property …………...  Substance/alcohol abuse ……  Leads astray …………………….. | | |                |
| **Frequency of most behaviour:**  Include the frequency of any given behaviour(s) in a period of:  Half hourly Hourly In am/pm Daily Weekly   Does your child present behaviours that **a risk to themselves and/or others** whilst travelling | | | | | | | |
| If you tick any of those listed, or others, please give as much detail of any triggers or warning signs drivers and passenger assistants should be aware of and action that should be taken | | | | | | | |
| Describe what prompts the behaviour to occur whilst travelling: | | | | | | | |
| Describe any early warning signs: | | | | | | | |
| Describe any high risk situations: | | | | | | | |
| **Does your child present behaviours that put them at risk from others, including other children whilst travelling** | | | | | Yes No | | |
| **From whom is your child at risk**  Peers Other adults Other   Give details: | | | | | | | |
| **When or where is your child likely to be at risk**  Give details: | | | | | | | |
| **How can your child be protected**  Give details: | | | | | | | |
| **Does your child have a Behaviour Plan**  If yes, let us know about any needs that may be relevant when your child is travelling to school | | | | | | Yes No | |
| **Describe any behaviour management techniques in use**  Give details: | | | | | | Yes No | |
| **Can your child travel safely with other children**  If no give details: | | | | | | Yes No | |

**PART 7 – THE JOURNEY**

|  |  |
| --- | --- |
| **Does your child have a Care Plan**  If yes, please let us know about any needs that may be relevant when your child is travelling to school: | Yes No |
| **Does your child require support on the way to school**  Give details: | Yes No |
| **Are there any difficulties your child might have with a driver or passenger assistant**  Give details: | Yes No |
| **Is there anything about you child that affects his/her safety when travelling that we should be aware of** (e.g. child likely to undo seat belt, proximity to others etc.)  Give details: | Yes No |
| **Any special handover arrangements**  Give details: | Yes No |
| **Is there anything about your child that affects his/her comfort when travelling** (e.g. staffing, proximity to others, seating etc.)  Give details: | Yes No |
| **Is there anything that can be done to help your child if distressed**  Give details: | Yes No |
| Please provide any other relevant information we should be made aware of when making  a travel arrangement for your child | |

**CONTACT DETAILS AND EMERGENCY PROCEDURES**

|  |
| --- |
| **EMERGENCY ADDRESS**  It is your responsibility to ensure you are at home/agreed drop off point to receive your child. If, in the event of a genuine emergency due to unforeseen and unavoidable circumstances, there should be no-one at home an arrangement can be made to take your child to an alternative address. Please give details of a person who has agreed to look after your child until you are able to collect them. The address must be local. |

|  |  |
| --- | --- |
| Name | Address |
| Home Tel: |
| Mobile Tel: | Postcode |
| Relationship to child | |

|  |
| --- |
| Data Protection: Please be aware that the information you supply on this form will be used to assess eligibility for assistance with travel to school It will be recorded on computer (including a photograph if required) and, if successful, may be shared as detailed in the attached Privacy Notice |

|  |  |  |  |
| --- | --- | --- | --- |
| Please tick against the appropriate option below to indicate whether you intend to accompany your child to and from the vehicle | | | |
|  | **My child will be accompanied at all times to and from the vehicle (from home or a pick up point further away)** | | |
| Details of the people authorised to accompany your child | | |
| Name | Relationship to child |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **My child is capable of making their own way to and from the vehicle if the pick-up / drop off point is at home** | | |
|  | **My child is capable of making their own way to and from the vehicle from a pick up / drop off point which is not at home but further away** | | |

**DECLARATION BY PARENT / CARER**

|  |  |  |
| --- | --- | --- |
| **Your signature applying for assistance with travel is taken as your acceptance of the following:**   * I confirm the information on this Application Form is correct, complete and based on appropriate professional medical and behavioural advice * I have enclosed the extra information and supporting evidence I want you to consider * I accept that assistance will be given in accordance with Kirklees Council’s ‘Policy for Home to School Transport Arrangements 2019-2020’ * I agree this information may be shared with the West Yorkshire Passenger Combined Authority (Metro) and with their supplier of travel passes * I will inform Kirklees Council’s SENACT immediately of any changes relevant to this application * I accept that Kirklees Council may withdraw assistance with travel if my circumstances change and my child no longer meets the criteria set out in Kirklees Council’s Policy for Home to School Transport Arrangements for 2019-2020’ * I agree and understand that Kirklees Council may remove or change transport assistance temporarily or permanently in cases of behaviour that causes a risk to the health and safety of any person(s) | | |
| Print full name | Relationship to child | |
| Signature | | Date |

**FOR OFFICE USE ONLY (SENACT)**

|  |  |  |
| --- | --- | --- |
| **Free transport arrangements authorised** | | Yes No |
| Signature | | |
| Job Title | Date | |
| **Child eligible on distance** | | Yes No |
| Distance from home address to school | | ………………… **Miles** |
| **Child eligible on special educational needs, a disability or mobility problems**  If yes, give details of special education needs, a disability or mobility problems: | | Yes No |
| **Child eligible due to the nature of the route**  If yes, give details: | | Yes No |
| **Child eligible due to low income**  If yes, give details: | | Yes No |
| **Child qualifies under Section 508C**  If yes, give details: | | Yes No |
|  |
| **Child attending nearest qualifying school (as agreed through consultation process)**  If no, give reason(s): | | Yes No |

**FOR OFFICE USE ONLY (TRANSPORT TEAM)**

|  |  |  |  |
| --- | --- | --- | --- |
| TRANSPORT OPTION | TICK | PASSENGER ASSISTANT  Y/N | REASON |
| Bus Pass (or equivalent cost) |  |  |  |
| Independent Travel Training |  |  |  |
| Boarding Card |  |  |  |
| Private Routed PSV |  |  |  |
| Private Routed Taxi /Private Hire |  |  |  |
| Mileage to Parent/Carer |  |  |  |
| Personal Allowance |  |  |  |
| WYCA Bus |  |  |  |
| Walking Bus |  |  |  |

**Privacy Notice - Transport Team**

The Transport Team is responsible for providing home to school transport arrangements for eligible children and young people who have additional needs, including special educational needs, disabilities and mobility difficulties. The team also arranges transport on behalf of other Council services including short breaks, Young People’s Activity Team and for Post 16 learners.

**The categories of information that we collect, process, hold and share in relation to your child include:**

* Personal information such as name, address, date of birth, school, project or facility attending and Parent/Carer emergency contact details.
* Characteristics such as gender, ability, disability, support requirements, special educational need information, relevant health needs including allergies, behaviours, triggers and de-escalation methods, risks to and from others, relevant safety considerations for transport, relevant emergency medications and action to be taken, equipment used/carried (e.g. wheelchair/oxygen cylinder), assessment information, and relevant social care needs, free school meals entitlement and details of working family tax entitlement.

**Why we collect and hold this information**

We use this personal data in order to:

* Provide you with suitable transport assistance for your child;
* Provide you with the support you need / your child needs to access school, provision or college, respite/short breaks, after school clubs as relevant;
* Enable us to carry out specific functions for which we are responsible;
* Assess the quality of our services;
* Evaluate and improve our performance;
* Derive statistics which inform decisions about future delivery of services.

**The lawful basis on which we use this information**

The processing is necessary for us to perform an official function, as detailed in the Education Act 1996, and Education and Inspections Act 2006, to provide transport assistance for eligible children.

**Storing this information**

We will hold the information about you securely, and for no longer than reasonably necessary. We will hold it for six years following your child’s 18th birthday to allow us to deal with future queries/complaints raised within this time period.

**Who we share this information with**

We routinely share this information with:

* Other services within Kirklees Council (relevant to the child or young person) including;

Special Educational Needs and Disability Assessment and Commissioning Team (SENDACT)

Disabled Children’s Team

Social Work teams

Post 16 Team

Short Breaks

Young People’s Activity Team

Customer and Exchequer (as relevant for bus pass applications)

* Other partners

Schools (as relevant to the child)

Operators and Drivers (as relevant)

Health Services including Locala and Wheelchair Services

West Yorkshire Combined Authority (if relevant)

West Yorkshire Police (if necessary, for example, to ensure the safeguarding of a child, or to report a crime)

**Why we share this information**

We share information with the above Departments/Organisations in order to provide suitable transport arrangements for your child and to ensure Safeguarding and Health and Safety requirements are in place/met.

We do not share personal information about you with anyone else without consent unless the law and our policies allow us to do so.

**Further information**

If you would like further information about how we manage your data, please see the privacy notice for Kirklees Council at <http://www.kirklees.gov.uk/beta/information-and-data/how-we-use-your-data.aspx>

If you would like further information about this privacy notice, please contact the Home to School Transport Team on 01484 221000 (ask for School Transport Department) or email school.transport@kirklees.gov.uk

If you have any worries or questions about how your personal data is handled, please call the Data Protection Officer at [DPO@kirklees.gov.uk](mailto:DPO@kirklees.gov.uk) or by ringing 01484 221000.