

## **Guidance for completion**

This form must be completed by parents/carers or a young person who wish to apply for travel support to and from school for child or young person with **Special Educational Needs and/or disability or a temporary medical condition**.

To enable the Authority to consider a child or young person's individual circumstances and ensure that, where it is agreed, the appropriate level of support is provided, please provide as much information as you can in all sections of this form.

Any information provided regarding any family member must be supported with documentary evidence from a relevant professional e.g. G.P or consultant's letter.

If you require any assistance or advice about the completion of this form, please do not hesitate to contact the Transport Team, on 0161 770 3209. You may also contact Oldham's SEND Information, Advice and Support Service 0161 503 1540 or email [jassoldham@point-send.co.uk](mailto:jassoldham@point-send.co.uk), who can also support you in completion of the form.

We will be in touch to inform you of our decision as soon as possible following the application being assessed at the Moderation Panel who usually meet twice a month.

If travel assistance is declined, we write to you explaining the reason(s) for our decision. You have the right to appeal the decision.

### **Notes on the completion of this form**

1. Please **complete all sections** of this form as fully and clearly as possible. If any of the sections highlighted are not completed your form will be returned to you without being moderated.
2. You can continue onto additional sheets if necessary. Make sure that you **date, print and sign your name/s on each separate sheet submitted and attach them securely to this form**.
3. Documentation to confirm information in your application should be submitted with this application. **Applications submitted without supporting documentation may not be able to be fully considered** by the panel.
4. Copies of any other information that you wish to submit in support of your request should be attached securely to this form. Please note, do not send original documentation, as we are unable to return.
5. The whole of this form, together with any additional pages and supporting information will be considered and should be returned via e-mail to: [itu@oldham.gov.uk](mailto:itu@oldham.gov.uk) or alternatively **Travel Assistance Team, Chadderton District Town Hall, Garforth Street, Chadderton, Oldham, OL9 6PY. Please note: Postal Applications may take longer to process.**

# Application for SEND Travel Assistance



For a child or young person with Special Educational Needs and/or disability/temporary medical condition

## Section One

### Child/Young Person's Details

***(Please note: If any of the sections are not completed, your form will be returned)***

First name / Forename:	
Family name / Surname:	
Date of birth:	
School Year Group:	
Full home address:	
Postcode	
Safe address & contact number(s) <i>(this address is used to drop your child off in emergencies. i.e. if we are unable to contact you and have attempted to drop your child off at your home address)</i>	
Name and address of School / College the child/young person currently attends	
Name and address of the School / College the child/young person will be attending if different to present	
Date due to commence at new school / college (if applicable)	

<p>If your child is determined as eligible, the service will calculate the option of a <b>Personal Travel Budget</b> to be used to get your child/young person to their education setting. For secondary aged children, the <b>Travel Training Programme</b> will also be considered.</p> <p>Please tick if the <b>Personal Travel Budget</b> is your preference.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
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## **Section Two**

### **Parents'/Carers' Details (required for emergencies)**

You must include **all adults** living at the address.

<b>Parent / Carer</b>	
<b>First name/Forename</b>	
<b>Family name/Surname</b>	
<b>Full home address</b>	
<b>Mobile No.</b>	
<b>Home Tel No</b>	
<b>Email Address</b>	

<b>Parent / Carer 2</b>	
<b>First name/Forename</b>	
<b>Family name/Surname</b>	
<b>Full home address</b>	
<b>Mobile No.</b>	
<b>Home Tel No</b>	
<b>Email Address</b>	

You may also submit any other documentation which you feel may support your application (for example a report from an occupational therapist, correspondence from your doctor etc.). Please ensure that they are firmly attached to this form.

**Please note, do not send original documentation, as we are unable to return.**



Needs of pupil (Please tick all that apply)			
Moderate Learning Difficulties (MLD)	<input type="checkbox"/>	Severe Learning Difficulties (SLD)	<input type="checkbox"/>
Profound, Multiple Learning Difficulties (PMLD)	<input type="checkbox"/>	Physical Disability (PD)	<input type="checkbox"/>
Specific Learning Difficulties (SPLD)	<input type="checkbox"/>	Social, Emotional and Mental Health (SEMH)	<input type="checkbox"/>
Attention Deficit Hyperactivity Disorder (ADHD)	<input type="checkbox"/>	Allergy (please specify)	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Autistic Spectrum Condition (ASC)	<input type="checkbox"/>
Hearing Impaired (HI)	<input type="checkbox"/>	Visually Impaired (VI)	<input type="checkbox"/>
Diabetic (uncontrolled)	<input type="checkbox"/>	Diabetic (controlled with medication)	<input type="checkbox"/>
Epilepsy (uncontrolled)	<input type="checkbox"/>	Epilepsy (controlled with medication)	<input type="checkbox"/>
Speech, Language and Communication Needs (SLCN)	<input type="checkbox"/>	Tracheostomy / Breathing Difficulties	<input type="checkbox"/>
Oxygen Dependant	<input type="checkbox"/>	Other (please specify) – i.e. incontinent, anxiety etc	<input type="checkbox"/>

Behaviour Considerations (Please tick all that apply and provide any further details)		Further Details (Essential if ticked any boxes)
<b>Violence to others</b> i.e. pupils, passenger assistants	<input type="checkbox"/>	
<b>History of absconding</b> i.e. from school, from taxi	<input type="checkbox"/>	
<b>Other (please specify)</b>	<input type="checkbox"/>	

**Please explain why you are not able to make your own travel arrangements, specifying details of any disability you or your partner may have (If Applicable) Medical evidence will be required.**

***Please note, due to a recent change to the Home to School guidance, working hours/schedules of parents/carers are not considered when deciding on a SEN Travel Assistance application.***

Please pay particular attention to **Section 52 from the guidance**, which states the following:

[www.gov.uk/government/publications/home-to-school-travel-and-transport-guidance](http://www.gov.uk/government/publications/home-to-school-travel-and-transport-guidance)

*52. Reasons such as the parent's working pattern or the fact they have children attending more than one school, on their own, will not normally be considered good reasons for a parent being unable to accompany their child. These apply to many parents, and, in most circumstances, it is reasonable to expect the parent to make 11 This is set out in paragraphs 3, 5, 7 and 10 of schedule 35B of the Education Act 1996. 12 This is set out in paragraph 8 of schedule 35B of the Education Act 1996. 21 suitable arrangements to fulfil their various responsibilities (for example, their responsibilities as an employee and as a parent.)*

**Are you or another adult able to travel with your child/young person to and from school?**

Yes

No

**If the answer is no, please explain the reason why below**

<b>Are there any other children/young people living in your household?</b> If the answer is yes and attending a primary setting, please list the details below	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Name	Age	School Year Group	School/College	School/College	
				Start time	Finish time

## Fair processing notice

The Local Authority (LA) uses information about children for whom it provides services to enable it to carry out specific functions for which it is responsible, such as the assessment of any special educational needs the child may have or how to best provide transport services to a young person.

The LA also sometimes shares some or all a young person's personal information with those that are planning how to improve services. The LA also uses the information to derive statistics to inform decisions on (for example) the funding of schools, and to assess the performance of schools and set targets for them. The statistics are used in such a way that individual children cannot be identified from them.

## Parent / Carer / Young Person Declaration

**I confirm that the information provided on this form is correct at this present time.  
If any circumstances change, I will inform the local authority straight away.**

<b>Signed:</b>	
<b>Print Name</b>	
<b>Date</b>	

Please make sure that you date, print and sign your name/s on each separate sheet submitted and attach them securely to this form.

**Telephone:** 0161 770 3209  
**Email:** [itu@oldham.gov.uk](mailto:itu@oldham.gov.uk)

**Postal address:**  
**SEND Travel Assistance Team**  
Chadderton District Town Hall  
Garforth Street  
Chadderton, OL9 6PY