



APPLICATION FOR ASSISTANCE WITH TRAVEL FOR A YOUNG PERSON AGED 16+

SECTION A: DETAILS OF THE YOUNG PERSON

YOUNG PERSON DETAILS		PARENT / CARER DETAILS	
Surname:		Surname:	
Forename(s):		Forename(s):	
Date of Birth:			
Home Address:			
		Post Code:	
Telephone:		Mobile:	
Current School / College:			

SECTION B: REASON FOR APPLICATION

Please choose the category for which the young person is requesting assistance with transport:

Learning Difficulties	
Medical Difficulties (including Physical Difficulties, Hearing Impairment or Visual Impairment)	

Whilst at school did the young person have a Statement of Special Educational Needs or Education Health and Care Plan	YES	NO
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If the young person was not resident in Lancashire whilst at school, you must supply a copy of their most recent statement / EHC plan and annual review.

SECTION C: DETAILS OF COLLEGE COURSE

Name and address of college:

Course applied for:

Start date of course:
(not including induction or
taster days)Length of
Course:1 Yr 2 Yr 3 Yr The number of hours per week
in lessons:

Less than 12	More than 12

TRANSPORT REQUESTED

Bus Pass	
Railway Pass	
Independent Travel Training	
Assistance with Transportation	

Please indicate times of attendance at college course below

Mon	Tues	Weds	Thurs	Fri

**PLEASE NOTE: ASSISTANCE CANNOT BE ARRANGED UNTIL YOU SUPPLY
ATTENDANCE DAYS****SECTION D: DETAILS OF ASSISTANCE REQUESTED**

Is the young person able to board a vehicle without assistance?	YES	NO
Does the young person have a wheelchair / mobility aid which will need to be transported to the college / school?	YES	NO
If they do is the Mobility Aid or Wheelchair powered	YES	NO
Does the young person need to travel in the wheelchair?	YES	NO
Make of Wheelchair / Mobility Aid		Model
Does the young person need to wear a harness (other than the standard seatbelt) when travelling?	YES	NO
Does the young person take medication? (If they do please provide details below)	YES	NO
Is the young person likely to need medication between home and college?	YES	NO
Does the young person receive the mobility component of the Disability Living Allowance?	YES	NO

Please add any other information about special transport needs:
(please use back sheet if necessary)

SECTION E: DECLARATION

I hereby declare that all of the information given on this form is true to the best of my knowledge and belief and I undertake to inform the County Council should any circumstances change, including changes of the course undertaken.

Signature of parentDate:
(or young person if over 18)

SECTION F: FOR OFFICE USE

EHC plan	YES	NO
Can student travel independently with a bus or rail pass?	YES	NO
Can student partake in Independent Travel Training	YES	NO
Can student share transport?	YES	NO
Is a Passenger Assistant Required?	YES	NO
Identified Primary Need		
ENV Reference (2019/2020)		
Authorised signatory		
Countersigned		
Date:	Assistance Agreed	YES NO