Bury Council Logo

**Application Form for**

**Travel Arrangements between Home and School for Pupils with Special Educational Needs and Disability**

[](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjEhdnT4OnRAhXENxQKHX5uBIwQjRwIBw&url=http://www.prefeitura.sp.gov.br/cidade/secretarias/subprefeituras/vila_maria_vila_guilherme/noticias/?p=15839&bvm=bv.145822982,d.ZGg&psig=AFQjCNGoAtRJeqB9YmZRZEMjjOf-uJ6BQA&ust=1485861741132958)

**Guidance Notes**

It is the Council’s final decision on the type of travel arrangement offered based upon the information provided in each individual application and in line with the home to school travel policy.

When processing this application Bury Council will initially consider whether a child is suitable for Independent Travel Training. All available options will be investigated and home to school transport may not be a first option.

**Pre-school Aged Children**

Bury Council does not generally provide travel arrangements for pre-school aged children, however, each individual application will be considered on its own merit and provision will be provided on a discretionary basis, having considered the needs of the child.

**Children Aged Between 5 – 16 Years**

Travel arrangements may be available for a child aged 5 – 16 years if they:

1. Live in the borough of Bury
2. Have either an Education and Health Care Plan or a Statement of Educational Needs
3. Will be attending or are currently attending a school named by the Authority to meet their additional needs which is further than an acceptable walking distance from their home taking into account their disability.

What happens next:

Stage 1 - Your application will be acknowledged within five working days of receipt of your application

Stage 2 - The assessment of your application will normally be completed within fifteen working days following stage 1.

Stage 3 – Where the Council agrees to provide assistance with travel it will also decide on what type of travel arrangement would be suitable and appropriate to meet the needs of the child. The parent/carer will be requested to sign an agreement before the arrangement is provided. The agreed arrangement will normally be implemented within ten working days

If you require any help with the completion of this form, please contact the School and College Transport Team on 0161 253 6968 or email [schoolandcollegetransport@bury.gov.uk](mailto:schoolandcollegetransport@bury.gov.uk)

Independent advice and support for Parents and Carers of Children and Young People with Special Educational Needs and Disabilities is available from Bury SEND Information advice and Support Service. Should you require any assistance please contact them on 0161 705 4366.

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| **Is this a new application?** | | | | | | | | | | Yes / No | | | | | |
| **Is this application a result in change of circumstances** | | | | | | | | | | Yes / No | | | | | |
| **Section 1 – Child’s Details:** | | | | | | | | | | | | | | | |
| Full Name of Pupil: | | | | | | | | | | | | | | | |
| Name Pupil like’s to be known as: | | | | | | | | | | | | | | | |
| Male/Female | | Date of Birth: | | | | | Current Year Group: | | | | | | | | |
| Home Address (Including Postcode): | | | | | | | | | | | | | | | |
| Home Telephone Number | | | Mobile Telephone Number | | | | | | Emergency Contact Number | | | | | | |
| Name of Parent/Carer: | | | | | | Email Address: | | | | | | | | | |
| Name of School to which Assistance is Required: | | | | | | | | | | | | | | | |
| Date Travel Arrangements Required From: | | | | | | | | | | | | | | | |
| How does your child travel to school at present? | | | | | | | | | | | | | | | |
| My Car | Walks | | | | | Cycles | | | | | | Public Bus | | | |
| Local Authority Transport | | | | In someone else’s car | | | | Not yet attending school | | | | | | | |
| Has your child: | | | | | | | | | | | | | | | |
| Ever walked to a destination alone? (to local shops/friends house) | | | | | | | | | | | Yes / No | | | | |
| Ever travelled independently via public transport? | | | | | | | | | | | Yes / No | | | | |
| Does your child use public transport at weekends/out of school hours? | | | | | | | | | | | Yes / No | | | | |
| Please give details e.g. where travelled, frequency etc | | | | | | | | | | | | | | | |
| Bury Council has an aspiration that as many of our young people as possible will become independent adults who are able to access their local community. In order to achieve this for those young people who may be able to benefit from independent travel training an assessment by the travel training coordinator will be offered as part of our initial assessment.  In your opinion what are the main issues preventing your child from travelling independently? | | | | | | | | | | | | | | | |
| **Section 2 – Child’s Needs** | | | | | | | | | | | | | | | |
| Does your child have a National Concessionary Bus Pass? | | | | | | | | | | | | | | Yes / No | |
| Does your child have an Education and Health Care Plan or a Statement of Educational Needs | | | | | | | | | | | | | | Yes / No | |
| Does your child have any specific needs in relation to the following skills? Please provide as much detail as possible. | | | | | | | | | | | | | | | |
| Social/Emotional/Mental Health (SEMH)  Does your child exhibit anxiety? What are the triggers? | | | | |  | | | | | | | | | | |
| Communication / Speech & Language Difficulties  Do they use symbols to communicate? | | | | |  | | | | | | | | | | |
| Physical Difficulties | | | | |  | | | | | | | | | | |
| Hearing Impairment | | | | |  | | | | | | | | | | |
| Visual Impairment | | | | |  | | | | | | | | | | |
| Sensory Processing | | | | |  | | | | | | | | | | |
| Learning Difficulties | | | | |  | | | | | | | | | | |
| Medical conditions (e.g. epilepsy, diabetes, asthma, incontinence, anaphylaxis) | | | | |  | | | | | | | | | | |
| Does your child have any other needs that would impact on their travel to school? Please detail below. | | | | | | | | | | | | | | | |
| Any allergies or phobias? | | | | |  | | | | | | | | | | |
| Any medication that needs to be taken to school? | | | | |  | | | | | | | | | | |
| Any history of violence or aggression? | | | | |  | | | | | | | | | | |
| Any history of running off or absconding? | | | | |  | | | | | | | | | | |
| Any criminal convictions/cautions? | | | | |  | | | | | | | | | | |
| How far can your child walk? | | | | |  | | | | | | | | | | |
| Does your child have any mobility issues that will affect access to transport? Please provide details: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Does your child require any medical support whilst being transported? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| If you are offered transport would you require an escort? | | | | | | | | | | Yes / No | | | | | |
| Is your child a wheelchair user? | | | | | | | | | | Yes / No | | | | | |
| If yes, please provide the make and model of the wheelchair: | | | | | | | | | |  | | | | | |
| Can your child transfer to a fixed seat in a vehicle? | | | | | | | | | | Yes / No | | | | | |
| Does your child travel with any medical equipment (e.g. oxygen cylinder, walking frame/mobility aid) | | | | | | | | | | | | | | | |
| Does your child need to wear a harness to travel safely in addition to the vehicle seatbelt? | | | | | | | | | | Yes / No | | | | | |
| What is your child’s weight in kilograms? | | | | | | | | | |  | | | | | |
| What is your child’s height in centimeters? | | | | | | | | | |  | | | | | |
| **Please note we cannot process your application without your child’s height and weight.** | | | | | | | | | | | | | | | |
| **Section 3 – Family Circumstances** | | | | | | | | | | | | | | | |
| Do you or any member of your family drive? | | | | | | | | | | | | | | | Yes / No |
| Does your family have access to a car? | | | | | | | | | | | | | | | Yes / No |
| Is this a mobility vehicle that has been provided for the child or young person? | | | | | | | | | | | | | | | Yes / No |
| Would you wish to receive a mileage payment if you were to use this vehicle to transport your child to and from school? | | | | | | | | | | | | | | | Yes / No |
| Are there any other family members that have a significant medical or physical disability which prevents you from ensuring your child gets to school? | | | | | | | | | | | | | | | Yes / No |
| If yes, please provide further details below: | | | | | | | | | | | | | | | |
| It may be possible for the Council to provide you with an amount of money to enable personalised travel arrangements that best and most flexibly suit the needs of your child and family. | | | | | | | | | | | | | | | |
| Would you be interested in receiving a personal travel budget to make your own arrangements for travel? | | | | | | | | | | | | | Yes / No | | |
| Please use this space to provide any other information about the needs of your child that you feel is relevant to the way in which they travel to school. | | | | | | | | | | | | | | | |
| **PLEASE COMPLETE THE DECLARATION OVERLEAF** | | | | | | | | | | | | | | | |

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| **Section 4 – Parent/Carer’s Declaration** | |
| I declare that the information provided on this form is correct at the time of submission. If any of the circumstances change I agree to notify the Council immediately.  Should the Council agree a form of travel arrangement for my child I understand that:   * Following this assessment, the Council will decide the form of travel arrangement that will be offered. * Any travel arrangements agreed will be reviewed at least once every year. * Any change in circumstance (e.g. change of address) that may affect my child’s entitlement to travel will result in a review of the type of travel arrangement provided and a new application form will be completed. * The Council is able to review the travel arrangement provided should there be instances where behaviour presents a health & safety risk to themselves and others whilst travelling. * As the provision of travel is based on choice, the provision offered may vary depending on family circumstances and may be an offer of either: Independent Travel Training; a mileage allowance for parents/carers to transport their child using their own vehicle; a bus pass; a personal travel budget or transport arranged by the Council. * The information contained within this form will be shared with other organisations and departments within the Council, such as those who assist in providing services and those who perform technical operations such as data storage and hosting on our behalf. | |
| Parent/Carer’s Name: |  |
| Relationship to Child: |  |
| Signature: |  |
| Date: |  |

**Please return all fully completed forms to:**

School and College Transport Team, 3 Knowsley Place, Duke Street, Bury, BL9 0EJ or email to [schoolandcollegetransport@bury.gov.uk](mailto:schoolandcollegetransport@bury.gov.uk)