**Derby City Council**

**Home to School Travel Service**

**Application for Travel Assistance**

For children of compulsory school age (reception to year 11)

The Council will provide travel assistance to pupils who meet the criteria set out in our policy. This will normally be in the form of a bus pass. Other forms of travel assistance may be considered.

Our policy can be viewed on our website at: <https://www.derby.gov.uk/education-and-learning/derbys-send-local-offer/travel-transport/>

Applicants must fully complete this form and provide as much supporting evidence as possible. Please note it is the responsibility of the parent/carer to ensure the child attends school during this application process.

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| --- | --- | --- | --- | --- |
| Does your child have an Education, Health and Care Plan or are they under assessment for one? | | | | |
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| Yes |  | No |  |  |

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| --- | --- | --- | --- | --- |
| Does the child have a short term medical condition affecting their ability to travel to and from school (i.e. a broken leg)? | | | | |
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| Yes |  | No |  |  |

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| Please provide details of the child's medical condition below and include any supporting evidence when submitting your application |
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**If you have selected ‘No’ to both of the above questions, you need to complete an application for a free bus pass which can be accessed on our website.**

If you have selected ‘Yes’ to any of the above questions, please complete the remainder of this form to request home to school travel assistance.

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| **Child’s details** | |  |
| First name | |  |
| Middle name(s) | |  |
| Family name/surname | |  |
| Gender (male/female/prefer not to say) | |  |
| Child's preferred pronoun (he/him, she/her, they/them) | |  |
| Date of birth | |  |
| School year | |  |
| Child's home address | |  |
| Postcode | |  |
|  |  |  |
| **Parent/carer's details** | | |
| Title |  |  |
| First name | |  |
| Middle name(s) | |  |
| Family name/surname | |  |
| Email address | |  |
| Telephone number | |  |
| Relationship to the child (mother/father etc.) | |  |

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| **School details** |
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| Please give the full name and address of the school you are requesting travel assistance to |
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| --- | --- |
| Date of admission to this school |  |

Please provide the child's timetable including start/finish times

**We are unable to arrange travel assistance without this information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon | Tue | Wed | Thur | Fri |
| Start |  |  |  |  |  |
| Finish |  |  |  |  |  |

|  |
| --- |
| **The journey** |
| How does your child currently travel to school? (If other, please specify) |

|  |  |  |  |  |  |  |  |
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|  | ü |  | ü |  | ü |  | ü |
| Walk |  | Public transport |  | Cycle |  | Car |  |
|  |  |  |  |  |  |  |  |
| Other |  | | | | | | |

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| --- | --- | --- | --- | --- |
| Are you able to take your child to school? | | | | |
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| Yes |  |  | No |  |

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| If ‘No’, please explain why not in detail |
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| Please give reasons why you are requesting home to school travel assistance |
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Have you been provided with a mobility allowance/vehicle to transport your child?

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| Yes |  |  | No |  |

If ‘Yes’, do you have an appropriate vehicle and can you use this to transport your child?

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| Yes |  |  | No |  |

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| If ‘No’ to the above, please explain why you cannot use this to transport your child to/from school. |
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| **Your child's SEND** | | | |
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| Please give all information as accurately as possible including additional information that you think may be useful to us. You may find your child's EHCP helpful when completing this section. | | | |
|  | | | |
| My child's main areas of need are (please tick all appropriate boxes) | | | |
| ü |  |  |
|  |  | Physical Difficulties |
|  |  |  |
|  |  | Behavioural Difficulties |
|  |  |  |
|  |  | Speech, Language & Communication Difficulties |
|  |  |  |
|  |  | Visual Impairment |
|  |  |  |
|  |  | Hearing Impairment |
|  |  |  |
|  |  | Autistic Spectrum Disorder (ASD) |
|  |  |  |
|  |  | Mild Learning Difficulties |
|  |  |  |
|  |  | Moderate Learning Difficulties |
|  |  |  |
|  |  | Severe Learning Difficulties |
|  |  |  |
|  |  | Other (please specify below) |

Does your child use a wheelchair or mobility aid?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ü |  |  | ü |
| Yes |  |  | No |  |
|  |
| If ‘Yes’, please provide details and the make/model or any useful information | | | | | |
|  | | | | | |
|  | | | | | |

If ‘Yes’ to the above, can your child transfer safely from this wheelchair to a seat in a vehicle?

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| Yes |  |  | No |  |
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Does your child have a medical condition that we should know about? E.g. epilepsy

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| Yes |  |  | No |  |

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| If ‘Yes’, please provide details |
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Does your child require any regular medication that may need to be taken on a journey to/from school?

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| Yes |  |  | No |  |

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| If ‘Yes’, please provide details |
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Do you or your child have an allocated Social Worker?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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| Yes |  |  | No |  |

Are there any other professionals who you feel may be able to provide additional evidence to support your application? (i.e. school staff, family support worker)

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| Yes |  |  | No |  |
| If ‘Yes’ to the above and if they have agreed that they are happy to be contacted regarding this application, please provide details including name and contact details | | | | | |
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| **Travel assistance preference** |
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| Travel assistance will usually be in the form of a bus pass. If your child is unable to walk to school or travel by public transport either accompanied or unaccompanied by the parent/carer, an alternative form of travel assistance may be provided. |
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| If known, please indicate which form of travel assistance you would prefer |

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|  |  | Bus Pass |
|  |  |  |
|  |  | A fuel reimbursement to transport your child to/from school (return journeys included) |
|  |  |  |
|  |  | Home to School Transport (a space in a minibus or taxi) |

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| **Independent Travel Training** | | | | | |
|  | | | | | |
| Would you like your child to be considered for Independent Travel Training? | | | | | |
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| Yes |  |  | No |  |
| If ‘No’ to the above, explain why not in detail | | | | | |
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| **Declaration** |
|  |
| I wish to make an application for home to school travel assistance. I certify that the information given is true to the best of my knowledge and belief. I understand that any false or deliberately misleading information given on this form and/or supporting documents, or any relevant information withheld, may make this application invalid. |

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| I understand that I will need to re-apply if any of the following points apply: |
|  |
| * My child is changing address |
| * My child is moving schools |
| * I wish to express a preference of a different mode of travel assistance |

|  |  |  |
| --- | --- | --- |
| Name of Parent/Carer | |  |
|  |  |  |
| Signature | |  |
|  |  |  |
| Date |  |  |

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| --- |
| **Submitting the application** |
|  |
| Please return this form to: Home to School Travel Service, The Council House, Corporation Street, Derby, DE1 2FS or email a copy to [SchoolTravel@derby.gov.uk](mailto:SchoolTravel@derby.gov.uk)  It would be our preference for you to email this to us  If you have not heard from us within 15 working days of submitting your application, please assume this has not been received and processed. You can contact us on 01332 642716 to check the status of your application.  **Privacy Notice**  You can view our full Children and Young People – privacy notice online at <https://www.derby.gov.uk/site-info/privacy-notices/a-z/children-and-young-people/>  This privacy notice explains how your personal information is going to be used, what for, who it might be shared with and why.  The information you provide helps us to make decisions about eligibility for travel assistance and to support you and your child.   |  |  |  |  | | --- | --- | --- | --- | | ü |  |  | | |  | I have read the above privacy notice and give my consent for my information to be shared in accordance with this notice. | | |