

FORM AW3

**THERE IS NO AUTOMATIC ENTITLEMENT TO TRAVEL ASSISTANCE FOR POST 16 STUDENTS
TRANSPORT SUPPORT IS FOR ONE YEAR ONLY AND MUST BE APPLIED FOR EACH ACADEMIC YEAR**



Post 16 Transport Application to School/College for Students with an EHCP, disability or mobility problem for academic year 2021/22

PLEASE RETURN TO THE POST 16 TRANSPORT TEAM, Room M4.26, SESSIONS HOUSE, COUNTY HALL, MAIDSTONE, KENT ME14 1XQ BY 31 MAY 2021. Please read the information below and ensure that you have read KCC's Admissions Privacy Notice at kent.gov.uk/privacy before completing this form

Please complete in **BLOCK CAPITALS** and tick the relevant boxes

Pupil details	For office use only
Name of Pupil:	Pupil number
Address:	Distance to NAS school/college
	Distance to chosen school/college
Postcode:	Comments
Telephone number:	
Alternative telephone number:	
Date of Birth:	
Male <input type="checkbox"/> Female <input type="checkbox"/>	
Email Address:	

Is your child a looked after child under the care of the Local Authority?
Yes <input type="checkbox"/> No <input type="checkbox"/> Which Local Authority is the corporate parent?
Name of Social Worker
Social Worker's Telephone Number
Social Worker's Email Address

Please also indicate by ticking this box if you are interested in being considered for a Personal Transport Budget (PTB). A PTB is money to help you make your own arrangements to get your child to school.

Travel assistance requested
Name of school/college
Full name of course (if attending college)
Address of school/college that the young person will be attending
Date transport required from
Boarding point for public transport if the young person can access public transport
Destination
Attendance basis: Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>
Boarder: Weekly <input type="checkbox"/> Termly <input type="checkbox"/>
If you feel your child's disabilities or medical needs require that they travel with a passenger assist, please tick this box. <input type="checkbox"/>
Passenger assistants are only granted where there is a clear, demonstrable need. Please provide a copy of any evidence that you feel supports your request.

Denominational Travel

If you are applying under denominational transport criteria, please tick this box and attach evidence signed by a vicar/priest of the same denomination as the school/college stating that the child is a regular and practising member of a church of the same denomination as the school/college.

Please make sure you remember the following as it may not be possible to process this application without this information

Attach medical evidence from your consultant or GP to support your application - dated within the last 12 months

Check the form and ensure all the details are correct and accurate

Transport assistance is normally only provided at the beginning and end of the academic day. The beginning and end of the academic day is determined by the times of the first programmed educational lesson and the last educational lesson during normal college hours. This relates to all the students using the same vehicle. Please remember to apply each academic year as post 16 transport is for one year only.

Disclaimer

I confirm that the details I have provided are complete and accurate. I understand that you may take action against me, including criminal prosecution and civil recovery, if I have provided false information in this application. I consent to the disclosure of information on this form by Kent County Council for the purpose of the verification of this claim and the investigation, prevention, detection and prosecution of fraud.

The details you provide will be processed by Kent County Council for use in providing transport services for young people of school/college age and may be disclosed to relevant schools/colleges and contractors acting on behalf of Kent County Council for the provision of school/college transport.

I agree that you will use the information I have provided to process my claim for transport assistance and will contact other sources as allowed by the law to verify my initial, and ongoing, entitlement.

Incomplete applications will be returned and not processed until all requested information has been provided.

Sign and date:

PARENT/GUARDIAN

Print Name: Mr / Mrs / Miss / Ms / _____

Parent / Guardian _____

Signed: _____

Date: _____

STUDENT

Print Name: _____

Signed: _____

Date: _____

Due to the large number of applications we are unable to confirm receipt of your form.

Mobility equipment / health medication needs

Please only complete this section if your child has mobility equipment/health/medication needs that you would like us to consider

Does your child use a wheelchair Yes No

Wheelchair make

Wheelchair model

Wheelchair type

Must your child travel in a wheelchair? Yes No

Does your child suffer from any of the following? (Please tick all that apply)

Epilepsy

Please provide information on the type of seizure and any visual signs to note prior to the seizure

Does the Young Person require medication to be administered for the seizure?

Yes No

Medication required

Asthma

Cystic fibrosis

Diabetes

Travel sickness

Incontinence

If your child suffers from any other conditions not mentioned above, give details here: