**Guidance**

Travel Assistance Service (TAS) Passenger Information Form – for the accurate and safe procurement of transport for eligible individuals, aged 0 – 25.

SEN assess eligibility for travel assistance. Following their decision, this form is required to ensure the procurement of safe, suitable transport, as well as informing TAS of any specific equipment or support required by our passengers.

Please take the time to complete this form carefully and completely, ensuring all information provided is accurate and that you include any information which will helps us to deliver the best possible service to each passenger.

If there are any questions which aren’t relevant, please mark these with ‘N/A’. **All applicable sections must be completed, or this form will be returned and there will be a delay in processing your application**.

The information included in this document will be shared with the Travel Assistance Service team, wider council teams (including SEN), transport provider, learning establishments, emergency services and transport staff to ensure that individual passenger needs are catered for and for the safety and security of all passengers.

Please return this completed form to [**sen\_transportofficer@sandwell.gov.uk**](mailto:sen_transportofficer@sandwell.gov.uk)or return any physical copies to the following address –

**SEN Department, Connor Education Centre, Connor Road, West Bromwich B71 3DJ**

**TAS will contact the Parent/Carer via email or telephone to provide the details of the Passenger’s transport arrangements. A meet and greet will take place with the transport company before transport commences.**

If you require assistance completing this form, please contact [travel\_assistance@sandwell.gov.uk](mailto:travel_assistance@sandwell.gov.uk)

We look forward to working with you,

Regards,

Travel Assistance Service

TAS

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| **PASSENGER INFORMATION** | | |
| Surname: | Forename(s): | |
| Preferred Name: | Gender: | |
| DOB: | Age: | |
| Passenger address: | | |
| **Main contact**  Full name(s):  Relationship to Passenger:  Home Tel:  Mobile Tel:  Email Address: | **Emergency contact**  Full name(s):  Relationship to Passenger:  Home Tel:  Mobile Tel:  Email Address: | |
| **LOOKED AFTER CHILDREN** | | |
| Does the Passenger have a care status | | YES / NO |
| Social Worker/Professional’s Details:  Named Authority requesting transport:  Telephone Number:  Email Address: | | |
| **EDUCATION** | | |
| Name of current learning establishment: | | |
| Name of transferring learning establishment: | | |
| Address:  Tel: | | |
| Name of Contact at Learning Establishment: | | |
| Email address: | | |
| **TIMETABLE** | | |

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| The “in” time shown below is what time the Passenger is to arrive at the learning establishment. (e.g. if the learning establishment starts at 9.00am then “in” time should show 8.50am) | | | | | |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **In** |  |  |  |  |  |
| **Out** |  |  |  |  |  |
| Use this space to indicate any changes to the timetable e.g. if the timetable is likely to change in the first few weeks/term or if a timetable includes a day(s) over the weekend: | | | | | |

**Passenger Risk Assessment**

All drivers and travel passenger assistants who work for Sandwell Council MUST have Enhanced DBS certified for categories Children and Adults and have received Passenger Assistant Training (PATS), Child Protection Level 1 (Including Safeguarding and CSE).

Transport is sourced based on the information provided on this form and will be procured to meet the passenger’s identified needs.

This is not a bespoke transport service. The transport provider is procured fairly, transport staff are provided by the company and collection/pick up times of Passengers are based on the transport routes worked out from the passenger’s home address to their named learning establishment.

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| **Passenger Special Educational Needs and Disability Information** | | | | | | | | | | | |
| Passenger’s disability, difficulties and/or medical need/s: | | | | | | | | | | | |
| Use this space to give a brief description of the passenger’s SEND needs and any likes and dislikes while on transport: | | | | | | | | | | | |
| Does the passenger have any impairments e.g. visual, hearing, speech, language? | | | | | | YES | | | | NO | |
| Use this space to give a description of the passenger’s impairments: | | | | | | | | | | | |
| **Medical** | | | | | | | | | | | |
| Will the passenger be required to travel with medication? | | | | | | | YES | | | | NO |
| **Transport staff are not authorised to administer any medication and, in an emergency, have been instructed to call 999.** | | | | | | | | | | | |
| Will the passenger be required to travel with medical equipment?  *(for example, oxygen, life-saving medication, etc…)*  Please provide information here: | | | | | | | YES | | | | NO |
| Does the passenger have a medical care plan?  ***If the answer is yes, a copy of the medical care plan must be provided, or the application will be put on hold until this is received.*** | | | | | | | YES | | | | NO |
| **Health** | | | | | | | | | | | |
| Does the passenger suffer with travel sickness? | | | | | | YES | | | | NO | |
| Does the passenger have any continence concerns that need to be considered while on the vehicle? | | | | | | YES | | | | NO | |
| **Risk**  (Please indicate if risk/s identified is/are high, medium or low risk) | | **Strategy to reduce risk**  (Please identify if, with control measures in place, the risk/s identified is/are high, medium or low) | | | | | | | | | |
| Does the passenger have epilepsy?  (if yes, you will be required to complete the TAS epilepsy Information form) | | | | | | YES | | | | NO | |
| \*Does the passenger have an epilepsy care plan/emergency protocol? | | | | | | YES | | | | NO | |
| \*Does the passenger have epilepsy management guidance? | | | | | | YES | | | | NO | |
| \*Does the passenger have epilepsy rescue medication? | | | | | | YES | | | | NO | |
| *\*If you have answered yes to any of these questions, please provide the details here:*  *(without this information there will be a delay in arranging transport – a copy of these documents will be required)* | | | | | | | | | | | |
| **Transport staff have been instructed to call 999 for any passenger who has a seizure while on transport and record the details of these.** | | | | | | | | | | | |
| **Physical Disability** | | | | | | | | | | | |
| Does the passenger use a wheelchair? | | | | | | YES | | | NO | | |
| Is the wheelchair manual or electric? | | | | | | Electric | | | Manual | | |
| Wheelchair make and model: | | | | | | | | | | | |
| Has the wheelchair been crash tested?  ***If there is no crash test certificate the passenger cannot legally be transported in their wheelchair.*** | | | | | | YES | | | NO | | |
| Can the passenger transfer to a seat on the vehicle independently? | | | | | | YES | | | NO | | |
| ***If a passenger is able to independently transfer onto a seat on a vehicle they will be required to do so for their journey.*** | | | | | | | | | | | |
| Does the passenger use a walking aid? | | | | | | YES | | | NO | | |
| Type of walking aid: | | Is the walking aid foldable? | | | | YES | | | NO | | |
| ***It is the responsibility of the Parent/Carer to take the passenger to and from the vehicle.*** | | | | | | | | | | | |
| **Behaviour/Sensory** | | | | | | | | | | | |
| Are there any concerns regarding the passenger’s behaviour? | | | | | | YES | | | NO | | |
| Give a description of the behaviour that may be shown. This may include challenging; verbally, physically, inappropriate, unpredictable, anxious, worries, overly affectionate or sexualised: | | | | | | | | | | | |
| **Risk**  (Please indicate if risk/s identified is/are high, medium or low risk) | | **Strategy to reduce risk**  (Please identify if, with control measures in place, the risk/s identified is/are high, medium or low) | | | | | | | | | |
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| Does the passenger require a child car seat? | | | | YES | | | | | NO | | |
| What is the passenger’s height and weight?  *It is the passenger/parent/carer’s responsibility to provide this information annually, to ensure it is still accurate.* | | | | Height (cm) | | | | | Weight (kg) | | |
| Using the chart below indicate the appropriate seating requirement. If the required seating is not listed below give details here:  Passengers must use a child car seat until they are 12 years old or 135 centimetres tall, whichever comes first.  The Child Car Seat provided will correspond to your child’s weight, though TAS will always recommend a high-backed booster seat is used due to the superior protection these offer to passengers. | | | | | | | | | | | |
|  | | | | | | | | ***Please tick*** | | | |
| Group 1 | Rearward or Forward-Facing Child Seat | | 9 – 18kgs (20-40lbs) | | | | |  | | | |
| Group 1,2,3 | High Back Booster Seat with Removable Harness | | 9 – 36kgs (20-79lbs) | | | | |  | | | |
| Group 2 | High Back Booster Seat without Harness | | 15 – 25kgs (33-55lbs) | | | | |  | | | |
| Group 2,3 | High Back Booster Seat without Harness | | 15 – 36kgs (33-79lbs) | | | | |  | | | |
| Group 3 | High Back Booster Seat without Harness | | 22 – 36kgs (48-79lbs) | | | | |  | | | |
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| Does the passenger require a specialist harness/belt? | | | | | YES | | | | NO | | |
| **Indicate the name, make and model of the specialist harness/belt and the reasons why the passenger requires this:**    ***(If the passenger has a seatbelt exemption on medical grounds, TAS will require a copy of the certificate, the application will be put on hold until this is received.)*** | | | | | | | | | | | |
| Do you require the passenger to be authorised as a keyholder?  ***(If yes, you will be required to complete the keyholder authorisation form available on request from TAS)*** | | | | | YES | | | | NO | | |
| Will the passenger need to travel with a comforter/personal item? | | | | | YES | | | | NO | | |
| Please give details:  ***(Any such items are carried at the passenger’s own risk)*** | | | | | | | | | | | |

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| **Additional Information** |
| Are you able to provide any resources for the passenger or guidance for the transport staff to improve the transport experience? e.g. PECS symbols, Makaton information, visual aids, sensory aids? |
| Use this space to add any additional information which may help us to support the passenger while on transport: |
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| **General Data Protection Regulations 2018**  **(GDPR)**  **Privacy Notice** |
| Any personal information TAS collect or store will be handled responsibly and legally.  Should you wish to, our privacy policy can be viewed here - <http://www.sandwell.gov.uk/privacynotice> |
| **Disclaimer** |
| **It is important the information provided is accurate and up to date, as this determines the provision of passenger assistants, the type of vehicle for transportation and any equipment required by the passenger. TAS have a legal duty to ensure the safe carriage of passengers.**  **TAS use a bulk email and text-messaging service to keep parents and carers informed of their child’s transport arrangements. By providing your email address and mobile telephone number, your details will be added to this service for this purpose.** |

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| **Consent** | **Please tick to acknowledge** |
| **I understand that TAS require 5 working days to procure transport.**  **I understand leaving blank fields within this document may cause a delay in processing, as the form will be returned for completion.**  **I understand that missing, inaccurate or incorrect details provided may lead to a delay in providing appropriate travel assistance for the passenger.**  **I understand that where a specific child car seat and/or a specialist harness/belt is required, it is my responsibility to review this requirement, at least annually, to ensure it is still appropriate for the passenger’s height/weight and needs, which can change regularly.**  **It is my responsibility to inform TAS of any changes in the following: SEND and/or medical needs, car seat/equipment, medication, timetable, parent/carer contact details, etc…**  **I understand that passengers who are awarded transport by SEN will be transported by the most efficient and cost-effective vehicle available in consideration of their individual needs as outlined above.** | **🞎**  **🞎**  **🞎**  **🞎**  **🞎**  **🞎** |
| **Parent/Carer/Passenger Consent** | |
| **I hereby certify that the information above is true and accurate.**  **Print name**:  **Signature**:  **Date**:  **Relationship (if completing form on behalf of passenger)**:  **For any queries, please contact Travel\_assistance@sandwell.gov.uk** | |