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| **SEN Service**Travel Assistance Request Form (5-16 and Post 16) |

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| **Personal details** |
| Pupil/Student name: | Gender: |
| D of B: | NCY: |
| Current learning establishment: |
| Transferring learning establishment, if applicable: |
| Pupil address:  |
|  |
| Post code  |
| Does the pupil/student receive the higher rate of Personal Independence Payment (PIP)? ONLY APPLIES TO OVER 18’s YES [ ]  NO [ ]   |
| If YES, please state what the PIP is used for e.g. mobility car  |
| **Please provide FULL details why travel assistance is being requested including the SEN needs of the Pupil/Student****(This must be completed in full, with sufficient information or form will not be processed and will be returned)** |
|   |
| **Parent/Carer details**Full name(s):Relationship to Pupil:Home Tel:Mobile Tel: Work Tel:Email address: | Address (if different from above) |
| **Looked After Children and Young People** |
| Does the Pupil/Student have a care status YES [ ]  NO [ ]   |
| Social Worker/Personal Assistant: Authority: Telephone Number: Email address: |
| **Language/Communication** |
| Pupils first language: | Parent/Carers first language: |

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| **Post 16 applications only** |
| Full name of the course being studied: |
| Is the course being studied for a minimum of 16 hours a week? YES [ ]  NO [ ]   |
| Have you applied to the college for travel assistance? YES [ ]  NO [ ]  If YES what was the outcome  |
| **Referrer’s details** |
| Referrer name:  |
| Designation: |
| Email address: |
| Telephone number: |
| Address: |
| Post code: |

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| **Pupil/Student timetable** |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Start time** |  |  |  |  |  |
| **Finish time** |  |  |  |  |  |
| 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:  |
| Member of staff responsible for travel assistance in School/College: Telephone No. Email: |

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| **General Data Protection Regulations 2018****(GDPR)****Privacy Notice** |
| The SEN Service may collect some personal information about you, we want you to be reassured that we will handle it responsibly and legally. You can view our privacy notice at <http://www.sandwell.gov.uk/privacynotice>  |

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| **Declaration** |
| By submitting this application, you are agreeing to taking part in a travel assistance assessment. Your information will be passed to The Travel Assistance Service (TAS) who may contact you to assess suitability for Independent travel training (ITT).  If, following the assessment, ITT is the most suitable mode of assistance, a period of training will be arranged and a travel pass, if applicable will be issued.The mode of Travel for Pupils/Students who are offered assistance following this application, will be reviewed annually and they may by referred to TAS for a reassessment of travel needs. All Pupils/Students will be reassessed at the following key stages.Year 6 pupils transitioning into year 7Year 9 pupils transitioning into year 10Year 11 Pupils transitioning into post 16 in schools and special schools Pupils transitioning into Further Education Colleges and Independent Specialist Providers will require the submission of a new request for Travel Assistance I have read, understand and agree to the terms of this application   [ ]  |
| **Parent/Carer Consent**  |
| **Relationship**: To Child/Young person**Print name**:**Signature**:  | **Date**:  |

**OFFICE USE ONLY:**

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| Is the Pupil ordinarily resident in Sandwell? YES [ ]  NO [ ]   |
| Is the Pupil in receipt of free school meals? YES [ ]  NO [ ]   |
| Is the Pupil aged between 16-25 and attending their nearest suitable school/college?  YES [ ]  NO [ ]   |
| Are they aged 5-16 years of age and attending their nearest suitable school? YES [ ]  NO [ ]    |
| Is this a request for a faith school? YES [ ]  NO [ ]   |
| What type of provision is the establishment that assistance is being requested Mainstream [ ]  Focus Provision [ ]  Special School [ ]  Independent Special School [ ]  Mainstream College (post 16) [ ]  Independent Specialist Provider (post 16) [ ]   |
| Is the pupil suitable for ITT following a paper-based assessment? |  YES [ ]  NO [ ]   |
| Special Educational Needs and additional information  |  |
| Mileage from home to learning establishment (shortest walking distance for eligibility) |  |
| Mileage from home to learning establishment (car journey for PTB) |  |
| Is the pupil eligible for travel assistance based on distance? |  YES [ ]  NO [ ]   |
| Is the pupil eligible for travel assistance based on need? |  YES [ ]  NO [ ]   |
| Is the pupil eligible for travel assistance? |  YES [ ]  NO [ ]  If NO Reason below to be completed |
| If paper-based assessment for ITT is YES record date passed to ITTU to contact parents to begin formal assessment process. |  |
| Date of Panel |  |
| Chair of Panel |  |
| Other Panel Members  |  |
| **REASONS WHY TRAVEL ASSISTANCE HAS / HAS NOT BEEN AGREED** |
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| **METHOD OF TRAVEL ASSISTANCE AGREED (Highlight)** |
| Travel pass  |
| Personal mileage |
| Personal Transport Budget |
| Independent travel training |
| Multi occupancy vehicle – no Passenger Assistant |
| Multi occupancy vehicle – shared Passenger Assistant |
| Multi occupancy vehicle – 1:1 Passenger Assistant  |
| Single occupancy vehicle – no Passenger Assistant |
| Single occupancy vehicle – Passenger Assistant  |
| Date: |

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| **APPEAL** |
| **Reason for Appeals will be a letter / Email** **Date Stage 1 Appeal Received** **Date Stage 2 Appeal Received**  |
| **STAGE 1 APPEAL SEN Business Lead**  |
| **Appeal Stage 1 Decision**  |
| Decision Overturned [ ]  Upheld [ ]   |
| Print Name:  |
| Date:  |
| **Comments and reason for decision** |
| **STAGE 2 APPEAL ILS Senior Leadership Team** |
| **Appeal Stage 2 Decision**  |
| Decision: Overturned [ ]  Upheld [ ]   |
| Print Name: |
| Date: |
| **Comments and reason for decision** |

Inclusive Learning Services

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