# Rochdale Borough Council



**16-25 Travel Assistance Application**

**Academic Year 2023-2024**

**(for young people with an Education, Health & Care Plan)**

**This application form is for young people who meet the criteria laid out in Rochdale Borough Council’s Post 16 Transport Policy Statement**

When completing this form please ensure: you have already read and understood the Rochdale Borough Council Post 16 Transport Policy Statement found on the RBC Website at: http://www.rochdale.gov.uk/council-and-democracy/policies-strategies-and-reviews/policies/children-and-young-people/Pages/school-transport-policy.aspx

* **all** sections of the form are **completed in block capitals and provide an email address.** If the form is incomplete on submission it will be returned to you and this may delay a decision on the application;
* all supporting information (if applicable) is attached to your application;
* you are able to prove ‘need’;
* you are aware that travel assistance will only be approved in exceptional circumstances where there is a clear assessment of ‘need’.
* If you wish to apply for a bus pass, you should apply directly to Transport for Greater Manchester at <https://tfgm.com/tickets-and-passes/passes-for-disabled-people>

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| **Person Completing Form** |
| **Parent/Carer ☐ Young Person ☐ School / College ☐ Social Worker ☐ Family Worker ☐**  **Positive Steps ☐ Other ☐ (please detail):**  \*If you have completed this form on behalf of the young person, please ensure you provide your contact information in the referrer information section below. |
| **Name: Contact Number:** |
| **Role: Email (Essential):** |
| **Address:** |

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| **Young Person’s Information** | | | |
| **Forename(s):** | **Surname:** | | |
| **Date of Birth:** | **Age:** | | |
| **Home Address:** |  | | |
|  | **Postcode:** | | |
| **Phone Number:** |  | | |
| **Email Address (Essential):** |  | **Male ☐** | **Female ☐** |

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| **Parent / Carer Information** | |
| **Parent/Carer’s Name:** | |
| **Home Address:** | |
| **Postcode:** | **Contact number:** |
| **Email Address (Essential):** |  |

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| **Do you have a disability which affects your ability to travel independently to college?**  If yes, please give details and provide supporting evidence. | | Yes **/** No |
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| **Are there any other reasons which would affect your ability to travel to college?** Please provide details below, eg parents do not drive | | Yes / No |
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| **Reason for Application** | | |
| **1.** | **Do you have an Education, Health and Care Plan?** | Yes / No |
| **2.** | **Do you have a learning disability which makes you unable to travel to college independently?** | Yes / No |
| **3.** | **Do you have a permanent mobility problem, such as unable to travel to college independently?**  If you answered no to question 3, please go to question 4. | Yes / No |
| **3a.** | **Do you use a wheelchair to travel?**  If you answered no to question 3a, please go to question 3c. | Yes / No |
| **3b.** | **What type of wheelchair do you use?** | Powered / Manual |
| **3c.** | **Do you use any walking aids?**  If yes, please state which type below. | Yes / No |
| **4.** | **Will you be attending your nearest college?** (if no, please go to question 4a) | Yes / No |
| **4a.** | **Please explain why you will not be attending your nearest college.** |  |
| **5.** | **Do you have a short-term mobility problem or medical condition that prevents you from travelling to college as advised by a medical expert?**  Please provide details below and supporting evidence from an appropriate medical professional. | Yes / No |

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| **Education Setting Details** | | | | | | | | | |
| **Name and address of educational setting/training provider in September 2023:** | | |  | | | | | | |
| **Campus:** | | |  | | | | | | |
| **Mileage from home to educational setting:** | | |  | | | | | | |
| **Course title/level** (please include a copy of your timetable for 22/23 if available): | | |  | | | | | | |
| **How many hours a week is the course duration?**  (include any hours for English and Maths) | | | | |  | | | | |
| **Full Length of course**  (no of years)**:** | |  | | **Start date:**  (this is not the induction day) | | | |  | |
| **Please provide details below as to why you cannot use the travel solutions outlined in the Rochdale Borough Council post 16 Transport policy Statement, found on the Rochdale Borough Council Website:** http://www.rochdale.gov.uk/council-and-democracy/policies-strategies-and-reviews/policies/children-and-young-people/Pages/school-transport-policy.aspx | | | | | | | | | |
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| **Current Travel Arrangements** | | | | | | | | | |
| **How do you currently travel to school / college?**  (Please tick the appropriate box/boxes. If you tick ‘other’, please state what ‘other’ is). | Walk | | | | |  | Cycle | |  |
| Public Bus | | | | |  | Local Authority Transport  Transport | |  |
| Parent / Carer  Car | | | | |  | Not attending | |  |
| Other | | | | |  | | | |
| **If you ticked the box ‘parent / carer car’, please provide details below, about why this arrangement cannot continue and why assistance from the Local Authority is required.** | | | | | | | | | |
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| **Provision of Assistance** | | |
| Travel Assistance will only be offered if an assessment of need indicates that travel assistance is required. There are a number of travel assistance options outlined in the Rochdale Borough Council’s Post 16 Transport Policy Statement 2019-2020. The Local Authority has a duty to spend public money wisely and in the most efficient way. The travel assistance offered will be based on an assessment of need and which travel option would meet that need and be most cost effective. | | |
| **Types of Assistance** | | |
| **\*Please rate below 1-4 (4 being the least preferred).** | | |
| **Fuel Reimbursement**  This is an amount of money to contribute towards the cost of fuel for a family member or friend to take you to and from college. | |  |
| **Personal Travel Budget**  This is an amount of money to enable you to make travel arrangements that best and most flexibly suits your needs. | |  |
| **Independent Travel Training**  This is training provided by an independent service funded by the Local Authority which will train you to travel to and from college independently. | |  |
| **Local Authority Transport**  This is home to college transport provided by the Local Authority. | |  |
| **Additional Information** | | |
| **Are you eligible for any other funding to support travel such as bursary funding?** This is outlined in the Rochdale Borough Council’s Post 16 Transport Policy Statement found on the RBC Website http://www.rochdale.gov.uk/council-and-democracy/policies-strategies-and-reviews/policies/children-and-young-people/Pages/school-transport-policy.aspx  **I**f yes, please provide details below. | Yes / No | |
| **Are you able to access the free college buses?**  If no, please state why below. | Yes / No | |
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| **Do you have a travel plus pass for disabled people?** | | | | Yes / No |
| **Have you ever walked to a destination alone such as, to the local shop or a friend’s house?** | | | | Yes / No |
| **Have you ever travelled on any of the following? For example, on evenings and weekends.** Please describe below how you accessed the transport listed below. | | | | |
| **Type** | **Yes / No** | **Independently** | **Supported** *(please state how)* | |
| Public Bus |  |  |  |  |
| Tram |  |  |  |  |
| Train |  |  |  |  |

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| **Do you have any behavioural difficulties?** | Yes / No |
| **Do you need assistance getting in and out of a vehicle?** | Yes / No |
| **Are you registered with the Ring and Ride Service?** | Yes / No |
| **Does any special equipment need to be carried to and from college?**  If yes, please include details below. | Yes / No |
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| **Supporting Evidence /Further Information** | |
| **Please detail below the evidence that you are submitting in support of this application.** | |
| **Please provide below any further information that may be of use** eg travel sickness, noise, phobias | |
| **Please detail below if there are there any other circumstances you wish the Local Authority to consider with regard to this application.** | |
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| **Data Protection Act 1998 General Data Protection Regulation (GDPR)** | |
| The Council will input the information you give on your application form on a computer database to assist with record keeping and to derive statistics to inform decisions on travel assistance for those who are resident in the Rochdale Borough.  Please note: in order to provide travel assistance, it may be necessary to share data with Transport Providers, Independent Travel Trainers, RBC Finance and Transport for Greater Manchester. In addition, the Department for Education and the Education and Skills Funding Agency uses information about pupils for statistical purposes, to evaluate and develop future policies and to monitor the performance of the education service as a whole.  Any statistics used are produced in such a way that individual pupils cannot be identified from them. Find out how we use your personal information at [**rochdale.gov.uk/privacy**](http://www.rochdale.gov.uk/privacy) | |
| **Declaration and Signature** | |
| I confirm that the above information is correct and undertake to inform the EHC (Education, Health & Care) Assessment and Review Team at Rochdale Borough Council of any changes immediately.  I confirm that I have read and understood the Rochdale Borough Council’s Post 16 Transport Policy Statement 2019-2020.  I understand that the Council and its’ agents may use the information contained in this application for the evaluation and development of travel assistance and that all data will be held in accordance with General Data Protection Regulations and the Data Protection Act 1998. | |
| **Signature:** | **Date:** |
| **Print Name:** | |
| Please return this completed form : [sen-travel-assistance@rochdale.gov.uk](mailto:sen-travel-assistance@rochdale.gov.uk)  Or post to:  EHC Assessment and Review Team  Early Help & Schools  Number One Riverside – Floor 4  Smith Street  Rochdale OL16 1XU  Tel: 01706 925981 Option 1 | |
| **Please note: completion of this form does not mean you will qualify for travel assistance but provides the information that is required to complete an assessment of need. You will be notified in writing, the outcome within 15 working days of the decision.** | |
| **The type of travel assistance provided will be determined by what best meets your needs, provides best value for money and is as sustainable as possible. If a taxi or minibus is provided, you may have to share with other students whose timetables may be different to yours. This could mean you arriving at college early and/or leaving later than your timetabled lessons.** | |
| **For Rochdale Borough Council Privacy Notices please see** [**http://rochdale.gov.uk/privacy**](http://rochdale.gov.uk/privacy) | |