# Rochdale Borough Council logo. Rochdale Borough Council

**5-16 SEND (Special Educational Needs & Disabilities) Travel Assistance Application**

**2023/2024**

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

## This application form is for children who meet the criteria written in Section A of the Rochdale Borough Council Home to School/College Travel Assistance Policy for children and young people with SEN (Special Educational Needs) and disability. If you are aged 16 or over before 31/08/2023 please complete the 16-25 application form found at [rochdale.gov.uk/schooltravel.](http://www.rochdale.gov.uk/schooltravel)

When completing this form please ensure:

* you have already read and understood the Rochdale Borough Council SEND (Special Education Needs & Disabilities) Travel Assistance Policy found on the Rochdale Borough Council website at [rochdale.gov.uk/send](http://www.rochdale.gov.uk/send)
* **all** sections of the form are completed in **block capitals and include 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’ as outlined in the policy;
* 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 ☐ School ☐ Social Worker ☐ Family Worker ☐ Other ☐ (please detail):**  \*If you have completed this form on behalf of a parent/carer please ensure you provide your contact information below. |
| **Name: Contact number:** |
| **Role: Email (Essential):** |
| **Base:** |

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| **Child’s Information** | |  | |
| **Forename(s):** | **Surname:** | | |
| **Date of Birth:** | **Age:** | | |
| **Home Address:** | | | |
| **Postcode:** |  | **Male ☐** | **Female ☐** |

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

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| **Do you or your partner have a disability which affects your ability to accompany your child to school?**  If yes, please give details and provide supporting evidence. | | | | | Yes / No |
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| **Are there any other reasons which would affect you or your partner’s ability to accompany your child to school?** Please provide details below: | | | | | Yes / No |
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| **Do you or your partner have any other children which would affect you or your partner’s ability to accompany your child to school?** If yes, please complete the information below | | | | | Yes / No |
| **Name of child** | | **Age** | **Educational Setting** | | |
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| **Reason for Application** | | | | | |
| **1.** | **Does the child have an Education, Health and Care Plan?** | | | | Yes / No |
| **2.** | **Does the child have a learning disability, such that they are unable to travel to school independently?** | | | | Yes / No |
| **3.** | **Does the child have a permanent mobility problem, such that they are unable to travel to school independently?**  If you answered no to question 3, please go to question 4. | | | | Yes / No |
| **3a.** | **Does the child use a wheelchair?**  If you answered no to question 3a, please go to question 3c. | | | | Yes / No |
| **3b.** | **What type of wheelchair does the child use?** | | | | Powered / Manual |
| **3c.** | **Does the child use any walking aids?**  If yes, please state which type: | | | | Yes / No |
| **4.** | **It is not possible for the child to attend their local school/s (less than 2 miles) because the school/s is not able to meet their needs.** | | | | Yes / No |
| **5.** | **Does the child have a short-term mobility problem or medical condition that prevents them from travelling to school 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** | | | | | | | | | |
| **Name of School:** | **Year Group:** | | | | | | | | |
| **Is this the nearest school to the home address?** | Yes / No | | **Start date:** | |  | | | | |
| **Mileage from home address to school:** |  | | | | | | | | |
| **If this is not the nearest school to the home address, please give details as to why the child cannot attend their nearest school.** Attach evidence if applicable. | | | | | | | | | |
| **Have you applied for assistance with transport for a previous academic year?** | | | | | | | Yes / No | | |
| **Current Travel Arrangements** | | | | | | | | | |
| **How does the child currently travel to school?**  (Please tick the appropriate box/boxes. If you tick ‘other’, please state what ‘other’ is). | | Walk | |  | | Cycle | |  | |
| Public Bus | |  | | Local Authority Transport | |  | |
| Parent / Carer’s Car\* | |  | | Not currently attending school | |  | |
| Other | |  | | | | | |
| **\*If you ticked the box ‘parent /carer’s car’, please provide details below, about why this arrangement cannot**  **continue, and why assistance from the Local Authority is required.** | | | | | | | | | |
| **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 SEND (Special Educational Needs & Disabilities) Travel Assistance Policy. 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, the preferred types of travel assistance from 1-4 (4 being the least preferred)*** | | | | | | | | | |
| **Fuel Reimbursement**  This is an amount of money to parents/carers to contribute towards the cost of fuel for transporting their child to and from a school that is not their local school. | | | | | | | | |  |
| **Independent Travel Training**  This is training provided by an independent service funded by the Local Authority which will train the child to travel to destination independently. | | | | | | | | |  |
| **Personal Travel Budget**  This is an amount of money to enable parents/carers to make travel arrangements that best fit and most flexibly suit the needs of their child and family. | | | | | | | | |  |
| **Local Authority Transport**  This is home to school transport provided by the Local Authority, usually a minibus. | | | | | | | | |  |

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| **Additional Information**  **Does the child have a concessionary plus travel pass?** Yes / No | | | | |
| **Has the child ever walked to a destination alone such as to the local shop or a friend’s** Yes / No  **house?** | | | | |
| **Has the child ever travelled on any of the following? For example on evenings and weekends.**  Please describe below how the child accessed the transport listed below. | | | | |
| **Type** | **Yes / No** | **Independently** | **Supported (please state how)** | |
| Public Bus |  |  |  |  |
| Tram |  |  |  |  |
| Train |  |  |  |  |
| **Does the child have behavioural difficulties?**  If yes, please give details below about how this presents. | | | | Yes / No |
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| **Is assistance required for transferring the child in and out of a vehicle?** | | | | Yes / No |
| **Is the child registered with the Ring and Ride Service?** | | | | Yes / No |
| **Does any special equipment need to be carried to and from school?**  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.** (Continue on a separate sheet if necessary). | | | | |
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| **Please detail below if there are any other circumstances you wish the Local Authority to consider with regard to this application.** (Continue on a separate sheet if necessary) | | | | |
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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 is necessary to share data with Transport Providers, Independent Travel Trainers, Rochdale Borough Council Finance and Transport for Greater Manchester. In addition, the Department for Education and the Education 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 [www.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 SEND (Special Education Needs & Disabilities) Travel Assistance Policy.  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 the Data Protection Act 1998 and GDPR (General Data Protection Regulation). | |
| **Signature:** | **Date:** |
| **Print Name:** | |
| Please return this completed form to: [SEN-Travel-Assistance@rochdale.gov.uk](mailto:SEN-Travel-Assistance@rochdale.gov.uk)  OR post to:  EHC Assessment & Review Team  Early Help & Schools  Children and Young People with Additional Needs Service  Number One Riverside – Floor 4 Smith Street  Rochdale OL16 1XU | |
| **Please note: completion of this form does not mean the child will qualify for travel assistance but provides the information that is required in line with the SEND (Special Education Needs & Disabilities)** **Travel Assistance Policy 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 the needs of the child, provides best value for money and is as sustainable as possible. If a taxi or minibus is provided, the child may have to share with other children.** | |