Bury Council Logo

**Application Form for**

**Travel Arrangements between Home and College for Pupils with Special Educational Needs and Disability**

[](https://www.google.co.uk/imgres?imgurl=http://www.mikesuit.com/wp-content/uploads/college-clip-art-4-800x188.jpg&imgrefurl=http://www.mikesuit.com/missional-and-college/&docid=In19IyCOfmEAsM&tbnid=KnUwVL8iOXOdcM:&vet=10ahUKEwiosai6g8LTAhWLLsAKHQDXD9c4ZBAzCBsoGTAZ..i&w=800&h=188&safe=strict&bih=899&biw=1280&q=college%20students%20clipart&ved=0ahUKEwiosai6g8LTAhWLLsAKHQDXD9c4ZBAzCBsoGTAZ&iact=mrc&uact=8)

**Guidance Notes**

It is the Council’s final decision on the type of travel arrangement offered based upon the information provided in each individual application and in line with the home to college travel policy.

When processing this application Bury Council will initially consider whether a young person is suitable for Independent Travel Training.

**Young People Aged Between 16 – 18 Years**

Travel arrangements may be available for a young person aged 16 – 18 years if they:

1. Live in the borough of Bury
2. Have either an Education and Health Care Plan or a Statement of Educational Needs
3. Will be attending or are currently attending a college named by the Authority to meet their additional needs which is further than an acceptable walking distance from their home taking into account their disability.

What happens next:

Stage 1 - Your application will be acknowledged within five working days of receipt of your application

Stage 2 - The assessment of your application will normally be completed within fifteen working days following stage 1.

Stage 3 – Where the Council agrees to provide assistance with travel it will also decide on what type of travel arrangement would be suitable and appropriate to meet the needs of the child. The parent/carer will be requested to sign an agreement before the arrangement is provided. The agreed arrangement will normally be implemented within ten working days

If you require any help with the completion of this form, please contact the School and College Transport Team on 0161 253 6968 or email [schoolandcollegetransport@bury.gov.uk](mailto:schoolandcollegetransport@bury.gov.uk)

Independent advice and support for Parents and Carers of Children and Young People with Special Educational Needs and Disabilities is available from Bury SEND Information advice and Support Service. Should you require any assistance please contact them on 0161 705 4366.

**Please return all fully completed forms to:**

School and College Transport Team, 3 Knowsley Place, Duke Street, Bury, BL9 0EJ or email to [schoolandcollegetransport@bury.gov.uk](mailto:schoolandcollegetransport@bury.gov.uk)

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| **Is this a new application?** | | | | | | | | | | Yes / No | | | | | |
| **Is this application a result in change of circumstances** | | | | | | | | | | Yes / No | | | | | |
| **Section 1 – Young Person’s Details:** | | | | | | | | | | | | | | | |
| Full Name of Pupil: | | | | | | | | | | | | | | | |
| Name Pupil likes to be known as: | | | | | | | | | | | | | | | |
| Male/Female | | Date of Birth: | | | | | Current Year Group: | | | | | | | | |
| Home Address (Including Postcode): | | | | | | | | | | | | | | | |
| Do you live with your parent or carers Yes / No  (If this is not the same address as above please provide details of their address and postcode) | | | | | | | | | | | | | | | |
| Home Telephone Number | | | Mobile Telephone Number | | | | | | Emergency Contact Number | | | | | | |
| Name of Parent/Carer: | | | | | | Email Address: | | | | | | | | | |
| How did you travel to school? | | | | | | | | | | | | | | | |
| My Car | Walk | | | | | Cycle | | | | | | Public Bus | | | |
| Local Authority Transport | | | | In someone else’s car | | | | Not yet attending school | | | | | | | |
| Have you ever walked to a destination alone? (to local shops/friends house) | | | | | | | | | | | Yes / No | | | | |
| Have you ever travelled independently via public transport? | | | | | | | | | | | Yes / No | | | | |
| Have you used public transport at weekends/out of college hours? | | | | | | | | | | | Yes / No | | | | |
| Please give details e.g. where travelled, frequency etc | | | | | | | | | | | | | | | |
| Bury Council has an aspiration that as many of our young people as possible will become independent adults who are able to access their local community. In order to achieve this for those young people who may be able to benefit from independent travel training an assessment by the travel training coordinator will be offered as part of our initial assessment.  In your opinion what are the main issues preventing you from travelling independently? | | | | | | | | | | | | | | | |
| Date travel arrangements required from: | | | | | | | | | | | | | | | |
| Name of college to which assistance is required: | | | | | | | | | | | | | | | |
| Address of college: | | | | | | | | | | | | | | | |
| Name and duration of the course to be studied: | | | | | | | | | | | | | | | |
| Start date of the course (please include a copy of your timetable if available) | | | | | | | | | | | | | | | |
| Is College the nearest to your home? | | | | | | | | | | | | | | | Yes / No |
| Is it a full-time course: | | | | | | | | | | | | | | | Yes / No |
| Is this a residential course: | | | | | | | | | | | | | | | Yes / No |
| **Section 2 – Young Person’s Needs** | | | | | | | | | | | | | | | |
| Do you have a National Concessionary Bus Pass? | | | | | | | | | | | | |  | Yes / No | |
| Did you have an Education and Health Care Plan or a Statement of Educational Needs during your last school year? | | | | | | | | | | | | |  | Yes / No | |
| Do you have any specific needs in relation to the following skills? Please provide as much detail as possible? | | | | | | | | | | | | | | | |
| Social/Emotional/mental Health (SEMH)  Does you exhibit anxiety?  What are the triggers? | | | | |  | | | | | | | | | | |
| Communication / Speech & Language Difficulties  Do you use symbols to communicate? | | | | |  | | | | | | | | | | |
| Physical Difficulties | | | | |  | | | | | | | | | | |

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| --- | --- |
| Hearing Impairment |  |
| Visual Impairment |  |
| Sensory Processing |  |
| Learning Difficulties |  |
| Medical conditions (e.g. epilepsy, diabetes, asthma, incontinence, anaphylaxis) |  |
| Do you have any other needs that may impact on your travel to college? Please detail below. | |
| Any allergies or phobias? |  |
| Any history of violence or aggression? |  |
| Any criminal convictions/cautions? |  |

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| --- | --- | --- | --- |
| How far can you walk? |  | | |
| Do you use a wheelchair? | | Yes / No | |
| Do you travel with any medical equipment (e.g. oxygen cylinder, walking frame/mobility aid) | | | |
| Are you registered with the Ring and Ride Service: Yes / No | | | |
| **Section 3 – Family Circumstances** | | | |
| Does any member of your family drive? | | | Yes / No |
| Does your family have access to a car? | | | Yes / No |
| Is this a mobility vehicle that has been provided for you? | | | Yes / No |
| Would you wish to receive a mileage payment if you were to use this vehicle to travel to and from college? | | | Yes / No |
| Would you be interested in receiving a personal travel budget to make your own arrangements for travel? | | | Yes / No |
| Please use this space to provide any other information about your needs that you feel is relevant to your application | | | |
| **PLEASE COMPLETE THE DECLARATION OVERLEAF** | | | |

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| **Section 4 – Parent/Carer’s Declaration** | |
| I declare that the information provided on this form is correct at the time of submission. If any of the circumstances change I agree to notify the Council immediately.  Should the Council agree a form of travel arrangement for my young person I understand that:   * Following this assessment, the Council will decide the form of travel arrangement that will be offered. * Any travel arrangements agreed will be reviewed at least once every year. * Any change in circumstance (e.g. change of address) that may affect my child’s entitlement to travel will result in a review of the type of travel arrangement provided and a new application form will be completed. * The provision offered may be an offer of either: Independent Travel Training; a mileage allowance for parents/carers to transport their child using their own vehicle; or a personal travel budget. * I authorise the college to inform the Local Authority regarding my attendance so that payments may be adjusted * I have investigated other sources of funding and declared details on my application * I understand that if I give the Local Authority false information, or fail to give complete information, I may be prosecuted, my application for travel assistance may be withdrawn and any future application cancelled. * The information contained within this form will be shared with other organisations and departments within the Council, such as those who assist in providing services and those who perform technical operations such as data storage and hosting on our behalf. | |
| Parent/Carers Name: |  |
| Parent/Carers Signature: |  |
| Date: |  |