In accordance with the BCP Council Special Educational Needs / Disabilities (SEND) Travel Assistance Policy, September 2017:

## 

## Eligibility Criteria

Before the Local Authority can consider a request for travel assistance, there must be:

* An Education, Health and Care Plan (EHCP) in place
* Evidence to confirm that the child/young person is resident within Bournemouth, Christchurch or Poole, and that the Council is financially responsible
* A fully completed and signed travel assistance application form, together with any required supporting evidence i.e. proof of low income/parental disability
* Evidence to confirm that the student meets the main criteria for travel assistance which falls under the following categories of criteria:

1. **Distance Grounds** - This is based on statutory walking distance - a child under 8 years of age who lives more than 2 miles from the school; a child over 8 years of age who lives more than 3 miles from the school.
2. **Income Grounds** - Families who are entitled to free school meals or receiving the maximum level of Working Tax Credit may be entitled to assistance with travel between home and school on low income grounds. You must return a current copy (not your originals) of your proof of receipt of benefits with this form. Please note that this will be reviewed annually and if your circumstances change your child may no longer be eligible for free school Travel Assistance and as such, you must notify the Council. Please note that if you select ‘yes’ to Income Grounds, statutory walking distance criteria will also apply.
3. **Complex SEN and/or disability criteria** – Children or young people may be eligible for travel assistance on medical or disability grounds. This can include:
   * + long-term severely restricted independent mobility e.g.
     + a physical disability which may necessitate the daily use of a significant mobility aid such as a wheelchair
     + a medical condition resulting in persistent pain, extreme fatigue, or serious persistent health and safety risks

* an exceptional lack of age appropriate independence skills e.g.
* severely restricted communication skills such as profound hearing impairment, severe autism or a severe language disorder.
* a sensory impairment resulting in significant restricted mobility such as severe visual impairment,
* a significant learning disability such as a child having severe learning difficulties or being unable to asses risk and adapt to everyday situations
* severe behavioural, emotional and/or social difficulties in comparison with other children of their age

1. **Parental/carer disability criteria** – Assistance may be provided if the practical impact of parents/carers disability may prevent them from transporting their child. Medical evidence will need to be provided.

**Post 16 Students**

For students who are in the **Post 16 phase of their education, travel assistance is discretionary, not mandatory**, and they must also meet the following criteria:

1. **Type of course:** the student’s course is regarded as full-time education and deemed to be appropriate to both their needs and ability
2. **Age range:** the student is aged 16-25
3. **Location:** the student is attending the nearest educational setting that is able to offer a place on an age and need appropriate course
4. **Residence:** the student is resident within Bournemouth, Christchurch or Poole
5. **Needs:** the student is unable to travel to an appropriate educational setting or training provider in the same way as other young people of their age

**Travel Assistance, if eligible, can only be granted for a maximum of one year and re-application will be required on an annual basis.**

***What is the travel assistance for?***

* Travel between home and educational/training setting.
* Travel Assistance will not be provided for other times than the standard school day, nor for respite care.
* Only for travel to and from a qualifying catchment setting; if the catchment school is full, then the nearest school with an available space. For students attending a special unit or school, it will be the nearest, suitable special school or unit with a place available.
* For Post 16 Students, the pupil must be in a suitable 6th form, college, specialist setting or working with a recognised training provider.

**Please note: The Local Authority does not have a duty to agree travel assistance if the child attends a non-qualifying setting, as it is ‘parental preference’ or ‘young person preference’.**

**Please note: Full information must be given. Any incomplete applications will be returned with no action taken.**

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| Is this a new application or a review application? | New  Review  Change of Address (complete sections 1 – 4 only) |

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| 1. **Child and young person Information** | | | | | | | | | | | | |
| Child/Young Person’s name | | | | |  | | | | | | | |
| Child/Young Person’s DOB | | | | |  | | | Gender | | Male  Female | | |
| Child/Young Person’s address (if you’re reapplying due to a home move please state new address) | | | | |  | | | | | | Post Code |  |
| 1. **Parent/Carer Information – please provide at least two contacts** | | | | | | | | | | | | |
| 1) | Title |  | | Full name | |  | | | | | | |
| Address (if different from child/young person) | | |  | | | | | | | | |
| Phone number | |  | | | | Email address | |  | | | |
| 2) | Title |  | | Full name | |  | | | | | | |
| Address (if different from child/young person) | | |  | | | | | | | | |
|  | Phone number | |  | | | | Email address | |  | | | |
| Is your child over the age of 16 or due to turn 16 within the next 12 months? | | | | | Yes  No | | | | | | | |

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| 1. **School/Educational Setting Information** | | | | | | | | |
| Which school or educational setting does your child need transport to? | |  | | | | | | |
| School/Educational Setting address | |  | | | | Postcode | |  |
| Date travel to start | |  | | | | | | |
| **For Post 16 Students Only:** Please provide course name and length of course | |  | | | | | | |
| **Child/Young Person’s Education Setting Timetable** | | | | | | | | |
| *Days Attending* | ***Monday*** | | ***Tuesday*** | ***Wednesday*** | ***Thursday*** | | ***Friday*** | |
| Start Time: |  | |  |  |  | |  | |
| Finish Time: |  | |  |  |  | |  | |

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| 1. **Grounds for Eligibility - see details of eligibility criteria at the front of this form**   **Please tick which criteria you feel your child meets** | |  |
| **Distance Grounds** |  | |
| **Income Grounds** | If you have ticked, please attach supporting evidence to this form. | |
| **Child/Young Person’s Medical/Disability Grounds** |  | |
| **Parents/Carers with a Disability** | If you have ticked, please give reasons below and attach supporting evidence to this form: | |
|  | | |
| **Exceptional Circumstances** | If you do not meet criteria but feel you need transport assistance because of other exceptional circumstances, such as religious grounds or diagnosis/disability expected to be temporary e.g. a broken leg, please give details below: | |
| **Please *note the parents’/carers’ work commitments cannot be considered as a reason for travel assistance funding, in accordance with Council Policy*** | | |
| **For Post 16 Students, this section must be completed: Evidence of Benefits**  Please tell us what benefits you receive for your child. **You will need to provide evidence of these** | | |
| **Type of Benefit** | | **Tick if in receipt** |
| Income Support (IS) | |  |
| Employment and Support Allowance (ESA) | |  |
| Disability Living Allowance (DLA) or Personal Independence Payments (PIP) | |  |
| Child Tax Credit (CTC) - up to the level of income (as assessed by the Inland Revenue) which will qualify the family for help with health costs. | |  |
| Working Tax Credit (WTC)/Universal Credit - up to the level of income (as assessed by the Inland Revenue) which will qualify the family for help with health costs. | |  |

**On receiving this form, a member of staff from the Passenger Transport Unit (PTU) will call you to further ensure that we fully understand your child’s needs and can provide appropriate care**

**IF THIS FORM IS INCOMPLETE, WE WILL NOT BE ABLE TO PROVIDE TRANSPORT FOR YOUR CHILD.**

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| 1. **Risk Assessment** | | |
| Please note any diagnoses or health conditions that your child has |  | |
| What are your child’s interests & likes? |  | |
| Is there anything that triggers your child into negative behaviours? |  | |
| If so, what strategies do you use? eg toys/music etc |  | |
| How does your child interact with others? (children & adults) |  | |
| **Area of Concern** | **Examples** *Please tick box & underline/circle specific area of concern* | **✓** |
| Physical Behaviours | Threatening physical behaviour, injury to others |  |
| Verbal Behaviours | Swearing, obscene, discriminatory language, threatening or actual verbal aggression |  |
| Attempts to Run Away | Runs away from home/school etc, tries to escape adult care |  |
| Damage to Property | Own, public or others property |  |
| Socially Inappropriate Behaviours | Distracts/interferes with other’s activities, annoys others, makes false allegations, invades personal space, touches people inappropriately, undresses in public, masturbates openly |  |
| Sensory | Has sensory difficulties; sensitive to noise, light, touch or smell |  |
| Epilepsy | Well controlled epilepsy, unpredictable or unstable epilepsy, requires emergency medication |  |
| Health | Has a medical condition (other than epilepsy), allergies, requires emergency medication |  |
| Vulnerability | Easily taken advantage of, has no sense of danger, will remove seatbelt |  |
| Self-Injurious Behaviour | Hits self, head butts, bites self |  |
| Inflexible Behaviours | Difficult behaviours displayed even if prepared for change, reliant on routine |  |
| Response to Emergency Evacuation | May refuse to move, has a disability which may prevent an appropriate response |  |
| Mobility | Wheelchair user manual/powered, uses other walking aids, needs some physical support |  |
| Communication | Has communication difficulties, is non-verbal, English not first language,  uses sign language |  |
| Bodily Functions | Incontinent / wears nappies or pads, may vomit or regurgitate |  |

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| Is there anything else which would be important for us to know?  *(Please feel free to attach a separate sheet if needed)* | | | | | | | | |
| **Wheelchair Information (if applicable)** | | | | | | | | |
| Make & Model of Wheelchair | | | |  | | | | |
| Measurements of chair | | | |  | | | | |
| Does your child travel seated in their wheelchair? If not, how do they transfer – e.g. do they need assistance? | | | |  | | | | |
| **Car/Booster Seat Information (if applicable)** | | | | | | | | |
| Does the child/young person use any sort of seat, booster, harness or other such equipment when in transport? | | | | **Please give details:** | | | | |
| Child/young person height | |  | | | Child/young person weight | |  | |
| **Medical/Health Plans** | | | | | | | | |
| Does your child have any other written care plans/protocols which are essential in the care of your child? e.g. epilepsy, suction, epi pen | | | | Yes  No | | | | |
| **If yes, please give details and *include a copy when returning this form.*** | | | |  | | | | |
| **It is your responsibility (as parent/carer) to ensure that the PTU are kept informed and supplied with any updated plans that are essential to the care and well-being of your child. PTU cannot be held accountable for information not supplied to them.** | | | | | | | | |
| **Information Sharing** | | | | | | | | |
| After gathering information from you we may also need to speak to your child’s school or to a health professional e.g. epilepsy nurse specialist. To do so, we need your consent. The details of the information we gather will be shared with Passenger Assistants only, to inform them on how to care for your child.  By signing this form, I consent to the PTU to seek additional information to support my application for travel assistance. If you have any concerns, please talk to the PTU. | | | | | | | | |
| Parent/Carer Name (please print) | | |  | | | | | |
| Signature |  | | | | | Date | |  |
| Name of other professionals who may have relevant information | | |  | | | | | |

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| 1. **Fuel, Wear and Tear** | |
| **CAR USERS**: BCP Council operates a Fuel, Wear & Tear claim system should your application for Transport Assistance be successful | |
| Is a car available to take your child to school? | Yes  No |
| If you are not able to take your child to school, please tell us why. |  |

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| 1. **Bus Passes** | |
| Could the young person travel to school independently using public buses if we issued them with a bus pass? | Yes  No |
| If you have answered no to the above question, we may offer a parent and child pass so that you can accompany your child. If this would not be suitable for your child, please explain reasons here: |  |

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| 1. **Shared Transport** | |
| A vehicle shared with other passengers may be available. Please keep in mind that there is limited flexibility on pick up/drop off times. | |
| Would your child be able to travel in shared transport? | Yes  No  If no, please state reasons why: |
| Would your child need to be accompanied by an adult on shared transport? | Yes  No |
| If you do not believe that your child can travel on public transport or a shared minibus then they may be eligible to travel on their own but you, as their parent will be required to escort them. Are you able to escort? | Yes  No |

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| **Declaration** |
| I declare all the information I have provided is true, I also understand that any allegation or false or fraudulent information could result in the Council taking reasonable steps to ascertain the accuracy of the information. If the information is found to be false it could result in the young person losing their allowance to travel assistance.  I understand that the information provided via this form will be used to ensure that the SEND Team can assess eligibility for travel assistance and the Passenger Transport Staff (Travel Co-ordinators & Passenger Assistants) have the information, training, support and equipment needed to plan and maintain safe and efficient school travel.  I understand that any verbal or physically aggression towards Council staff (this includes Passenger Assistants and taxi companies procured by the Council), will result in transport being withdrawn with immediate effect.  I confirm that I have read the Passenger Transport Policy and agree to adhere to the conditions outlined in this policy.  The Council may hold the information in both computerised and manual record systems. Information will be held and used in compliance with the **Data Protection Act 2018**. I understand I am able to see a copy of the information held about me/my young person. I understand that for further information about this I can ask for a copy of the Council's data protection leaflet or I can visit the Council’s website at [www.bcpcouncil.gov.uk](http://www.bcpcouncil.gov.uk)  Should our **address or if information concerning medical/benefits** change, I will notify the Council immediately as I understand that my eligibility will need to be reassessed. |
| **Parents/Carers signature** |
| **Date** |
| Please note if you are successful in obtaining travel assistance from BCP Council you must inform us if you are moving home or your child is moving school, this is because the travel assistance you receive may no longer be available to you from a different address. Before you move home, or your child moves school please contact us at sentransport@bcpcouncil.gov.uk to obtain information and guidance. |
| **Applications will take 15 working days to process from receipt of application.** This may be longer if incorrect information is supplied and/or there is insufficient supporting information. |

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| **Evidence to be sent with this application:** |
| **Important! Please check that all questions have been answered and that you have provided all information requested by ticking the boxes below. Your application will be delayed if any of the following information is not enclosed with this form.**  I enclose (please tick as appropriate):  Benefits evidence \*  Medical evidence \*  *Required only if ‘distance criteria’ is not met. See section 4 above.* |

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| 1. **Statement by the school’s Special Educational Needs Co-ordinator** | |
| In your opinion, could this young person travel independently to school? | Yes  No |
| If no, could they travel independently if they were to take part in travel training? | Yes  No |
| Are there any significant medical/behavioural/mobility/moving and handling issues that will require more detailed assessment to ensure adequate control measures, information, training, and support for Travel Assistance purposes? | Yes  No |
| If ‘yes’, please supply, on an attached sheet or list below, any relevant extracts of information from care plans/risk assessments/behaviour management strategies/violent incident history and/or complete a Travel Assistance Risk Assessment Form. | |
| I certify that the details included on this form are correct to the best of my knowledge. | |
| Signed Date | |
| Name | |
| Job title | |
| Telephone | |

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| 1. **Where to send your completed form and evidence** |
| **Please return this form to either:**  **Email:** [sentransport@bcpcouncil.gov.uk](mailto:sentransport@bcpcouncil.gov.uk) using secure email or via our secure website portal ***(please contact the SEN Team at*** [***sendbso@bcpcouncil.gov.uk***](mailto:sendbso@bcpcouncil.gov.uk) ***if you do not have a log-in account)***  **Postal Address:** SEN Assessment Team (THE/3), BCP Council, Town Hall, Bourne Avenue, Bournemouth, BH2 6DY |
| *This form will be used for the assessment for Travel Assistance provision; Parents will then be informed of the outcome.*  ***Students who have been refused Travel Assistance have The Right of Appeal***  *Parents/carers of students who have been refused travel assistance can appeal against the decision and the case will be reviewed. There are certain circumstances where the Local Authority will not approve requests for travel assistance. Please refer to the separate Travel Assistance Policy for full details, which is available on the Council’s website.* |

**TO BE COMPLETED BY THE SEN OFFICER FOR INTERNAL USE ONLY**

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| 1. **Assessor Recommendation** | |
| Is this the nearest suitable school that can meet your child/young person’s needs? | Yes  No |
| Is the child/young person eligible for travel support? | Yes  No |
| If yes, on what grounds? |  |
| Most appropriate means of travel |  |
| Reason |  |
| Is a 1 to 1 Passenger Assistant required?  If yes, who is escorting? | Yes  No  Local Authority Passenger Assistant  Parent/Carer |
| If yes, please give reasons i.e. Supervision, Assistance etc. |  |
| Should Travel Training be considered? |  |
| Any other comments? |  |
| Expected Start date of Assistance (if approved) |  |
| Signed |  |
| Date Forwarded to PTU |  |