

Application for assistance with Home to school travel

1. Details of child

Full name: Date of birth:

Address:

Postcode:

Current school:

New school (if transferring school):

Date of transfer (if transferring school):

If your child's attendance is part time, please specify days/hours:

Does your child currently receive home to school transport? Yes No

Does your child have any school age brothers and sisters? Yes No

If yes, you MUST state the siblings age(s) and current school(s) below:

2. Details of parent/responsible person

Please provide details of parents/carers in Box 1. If there is only 1 parent/carer, please provide an alternative family member/friend we can contact in emergencies in Box 2.

NOTE: You MUST provide an emergency telephone number.

Box 1: Parent/responsible person(s):

Name:

Tel no:

Email:

Relationship to child:

Box 1: Alternative emergency contact:

Name:

Tel no:

Email:

Relationship to child:



3. About your child

Does your child have an Educational, Health and Care (EHC) Plan? Yes No

Does your child have a physical/sensory disability? Yes No

If yes, you MUST provide details below:

Does your child use a wheelchair? Yes No

Does your child travel in the wheelchair? Yes No

If yes, please provide more details about the wheelchair, e.g. make and model, manual or electric, etc.

If no, is the wheelchair to be transported to school with the child? Yes No

Does your child have a medical condition? Yes No

If yes, you MUST provide more details regarding the condition e.g. what it is, how does it affect them, is there medication to be transported with the child, are there any specific warning signs to look out for.

In line with current guidance, our drivers and passenger assistants receive first aid training. Drivers and passenger assistants will not administer any medication to passengers in their care. In the event of an emergency on board a vehicle, the procedure is for the passenger assistant or driver to seek guidance from medical professionals by calling 999 and asking for a paramedic crew to attend the scene. It is for parents or carers to decide whether they wish for their child to travel on regular transport in these circumstances.



Are there any other medical needs the the driver/passenger assistant need to be made aware of e.g. incontinence, allergies etc?

Does your child have communication difficulties?

Yes No

If yes, you MUST provide more detail below:

Does your child have behavioural difficulties?

Yes No

If yes, you MUST provide more detail below:



Is your child able to walk to school? Yes No

If no, you MUST provide details as to why or your application will not be accepted:

Is your child able to travel to school on public transport accompanied or independently? Yes No

If no, you MUST provide details as to why or your application will not be accepted:

Has your child undertaken any form of independent travel training? Yes No

4. About your family circumstances

Does your family have the use of a car? Yes No

Can you make your own arrangements to transport your child to school? Yes No

Are you interested in a Personal Transport Budget which provides a petrol mileage allowance?

If no, you MUST provide a detailed explanation below or your application will not be accepted:

Do you receive the mobility component of Disability Living Allowance for your child? Yes No

If yes, which level: Higher Rate Lower Rate

Is this used to facilitate mobility needs? Yes No

Are there any other family circumstances you wish to tell us about, such as your employment or financial situation? Provide as much detailed information as possible below:



5. Additional Information

Please provide any additional information to support your application. This should include why you think your child needs assistance to school and why you cannot make your own arrangements to provide this assistance. Please also include any alternative addresses to which transport may be required i.e. out of school clubs or respite. Please note that transport to alternative addresses will only be provided if there is no extra cost. If necessary, please continue on a separate sheet of paper and enclose this with the application form. Evidence is required if you have cited medical reasons on your application.

6. Declaration

I declare that the information I have provided above is complete and true, and that I will inform the LA if any of the above details change. I agree to the child undertaking an independent Travel Training Assessment if they are eligible for support. I understand and agree that I am applying for home to school transport pursuant to the terms and conditions set out in this application form.

Signed:

Date:

We need your personal data to provide the home to school service you are applying for. We may also use it for prevention and detection of fraud. We will keep your personal data safe and secure and will not share it with other organisations or disclose it to anyone else without your consent, unless we are required by law to do so. Sometimes we collect personal data for one Council service and need to use it to give you another service.

Do you agree that the data collected in this form can be used for other Council purposes? Yes No

7. Please return the completed application form to:

Lead Commissioner
Travel Care Team
Quality Assurance and Commissioning
Gateshead Council
Civic Centre
Gateshead
NE8 1HH

Tel: 0191 433 7474

Email: travelcare@gateshead.gov.uk

Please ensure all sections are completed as incomplete applications may have to be returned to you, delaying the application process.

