

**Application for Post 16 SEN
Transport Assistance 2022/23**

For office use only

Date Stamp

BEFORE COMPLETING THIS FORM, PLEASE READ THE IMPORTANT INFORMATION & POLICY ATTACHED

SECTION 1 STUDENT DETAILS

Student surname	<input type="text"/>	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Student first name	<input type="text"/>		Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Student date of birth	<input type="text"/>		Age at 01/09/22	<input type="text"/>		
Current School/College	<input type="text"/>	Boarding Status	Residential	<input type="checkbox"/>	Daily	<input type="checkbox"/>
Current Studies/Course	<input type="text"/>	Reason for application	New or First Application	<input type="checkbox"/>	Continuation of course	<input type="checkbox"/>
			Change of course studied	<input type="checkbox"/>		
Does the student/applicant have a social care worker	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes:						
Name of social worker	<input type="text"/>	Transition review date	<input type="text"/>			
Home Address						
House Name/Number	<input type="text"/>	Street	<input type="text"/>			
Village/Town	<input type="text"/>	Post Code	<input type="text"/>			
Contact Tel Number	<input type="text"/>	Email Address	<input type="text"/>			
County (Authority who Council Tax is paid to)	<input type="text"/>					

SECTION 2 COURSE & COLLEGE APPLICATION

School/College to be attended	<input type="text"/>	Campus	<input type="text"/>								
Course Title	<input type="text"/>	Level/Grade	<input type="text"/>								
Course Attendance	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	Year of course	1st	<input type="checkbox"/>	2nd	<input type="checkbox"/>	3rd	<input type="checkbox"/>
Student Signature (if student is unable to then a parent/carer is to sign)	<input type="text"/>						Date	<input type="text"/>			

SECTION 3 SPECIAL REQUIREMENTS FOR STUDENTS WITH SPECIAL EDUCATIONAL NEEDS

Does the student/applicant have a statement of educational needs Yes No
 If yes.....
 Awarding Authority Review date

Where your child has been attending an SEN school during Year 11 and will be continuing onto Post 16 education you will need to complete the following information:

Special education and/or medical needs (please tick to specify)

Please indicate the nature of your child's special educational needs:

Learning difficulties	<input type="checkbox"/>	Visual impairment	<input type="checkbox"/>
Social, Emotional & Behavioural difficulties	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>
Speech and language difficulties	<input type="checkbox"/>	Physical of medical impairment	<input type="checkbox"/>

Additional disclosures/comments:

Please tick which information you are sending with the application, we require as much of the following information as you can provide, failure to do so may cause a delay.

I have enclosed medical supporting information from the GP, Health Consultant or Professional Body	<input type="checkbox"/>
I have enclosed the annual review of the Statement (for pupils in schools who have a statement of special needs)	<input type="checkbox"/>
I have enclosed an up to date report from children services (if applicable)	<input type="checkbox"/>
I have enclosed an up to date report from adult services (if applicable)	<input type="checkbox"/>
I have enclosed an up to date report from health services	<input type="checkbox"/>
I have enclosed an up to date report from the college attended (for continuing pupils where applicable)	<input type="checkbox"/>

Transport Equipment requirements (please tick to specify)

None	<input type="checkbox"/>	Travels in Wheelchair/Buggy	<input type="checkbox"/>
Infant Seat	<input type="checkbox"/>	Transfers from folding wheelchair to vehicle	<input type="checkbox"/>
Booster Seat	<input type="checkbox"/>	Travels in an Electric Wheelchair	<input type="checkbox"/>
Crelling Harness	<input type="checkbox"/>	Takes a folding buggy in the vehicle	<input type="checkbox"/>

Specialist Healthcare whilst on transport

If your child has a specialist healthcare need, this service will consider and decide if a risk assessment or additional assistance is required on ECC transport. This will ensure that your child's individual healthcare needs are suitably supported and appropriately managed by operator staff

Please confirm if your child has any of the following by ticking the appropriate box:

Epilepsy	<input type="checkbox"/>	Use of oxygen	<input type="checkbox"/>
Administration of Emergency medication	<input type="checkbox"/>	Oral or nasal suction	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Gastrostomy feed	<input type="checkbox"/>
Anaphylaxis (allergic reaction/severe allergic reaction)	<input type="checkbox"/>	Other	<input type="checkbox"/>

Has a travel risk assessment been undertaken in the last 2 years Yes No
 If yes.....
 Risk assessment officer Date undertaken

SECTION 4 PAYMENT FOR PROVISION

Parental contribution is required:

£440.00	<input type="checkbox"/>	(Where full parental contribution is required)
£220.00	<input type="checkbox"/>	(Where Means Testing Criteria for Discounted Post 16 Transport or Additional Travel is met)

Means Testing Criteria for Discounted Post 16 Transport or Additional Travel Grant

Please tick the relevant boxes. Please note that if you do not provide the relevant documentation then we are unable to offer you the discounted parental contribution.

1. Are you in receipt of Income Support or Income Based Job Seekers Allowance? A letter confirming you are on Job Seekers Allowance and the award notice from HM Revenue and Customs must be provided

2. Are you receiving Child Tax Credit but NOT Working Tax Credit and your annual household income is less than £16,190. (subject to review). A copy of the award notice from HM Revenue and Customs must be provided.

3. Are you receiving the guarantee element of State Pension Credit? Pension Credit M1000 Award Notice must be provided.

4. Are you receiving support under Part VI of the Immigration & Asylum Act 1999? Confirmation letter must be provided.

5. Are you receiving Support Income Related Employment and Support Allowance?

I am aware that a transport form is required annually

SECTION 5 PARENT/CARER DECLARATION

I hereby declare that:

a) The information given on this form is accurate and complete to the best of my knowledge and belief

b) In signing this declaration I agree that transport costs must be paid in full and I undertake to notify the Council immediately, in writing, of any changes to the above as a re-assessment of the claim will be required and this may affect outstanding transport costs payable by you (£440/£220 per academic year)

c) I am also agreeable to any investigation being made as to the accuracy of the information given including contacting the Department for Work & Pensions.

Forename Surname

National Insurance Number

Home Address

House Name/Number Street

Village/Town Post Code

Contact Tel Number Email Address

Relationship to pupil

Signature Date