

SEN APPLICATION FOR TRAVEL ASSISTANCE TO SCHOOL SEPTEMBER 2021 – JULY 2022

This application form applies to those pupils with Educational Health Care Plans (EHCP) and will be assessed in line with the Home to School Transport policy; this can be found by going to www.luton.gov.uk Education and Learning, Travel Assistance.

Please tick which stage of education your child is in:

- Primary School
- Secondary
- Post 16 education

Please complete all relevant sections of this application; missing or incorrect information may delay the processing and or qualification for travel assistance. Travel assistance comes in many forms i.e. walking, cycling, financial assistance to travel on public transport, mileage refund, vehicle transport, or assisted travel training to enable independence.

By completing this application form you are giving us permission to discuss the child it applies to with the school, Special Educational Needs Assessment Team and any other relevant department that may hold information required in the assessment of this application.

STUDENT DETAILS

School/Provision attending:

School year: (circle as appropriate) **R 1 2 3 4 5 6 7 8 9 10 11 12 13 Other:**

Full address of education provider:

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Start/finish times: AM..... PM.....

Days travel assistance is required:

Start and end date travel assistance is required:

Full name of student:

Date of birth:/...../.....

Gender: (circle as appropriate) MALE FEMALE

Home address:

.....**Postcode:**

PARENT/CARERS DETAILS

PARENT 1 Full name: Relationship to child.....

Home address:

..... Postcode:

Contact numbers home: Work:

Mobile: Email address:

Occupation:

Daily hours worked:

Do you have parental responsibility for this child:

PARENT 2 Full name: Relationship to child.....

Home Address:

..... Postcode:

Contact numbers home: Work:

Mobile: Email address:

Occupation:

Daily hours worked:

Do you have parental responsibility for this child:

ALTERNATIVE CONTACT

Full name: Relationship to child:

Contact numbers home: Work:

Mobile: Email address:

Please answer the following questions, as best you can, in relation to the child

Does your child/young adult hold an Education and Health Care plan (EHCP) YES–NO

Please detail your child's disability/disabilities i.e Autistic, Visual or Hearing Impairment, Physical, Speech & Language

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Is the above named child known to Social Services: YES – NO

If yes, what is their social workers name and contact telephone number:

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Is the above named child in care (Looked After) YES - NO

Please name all school/college age siblings, including their date of birth and place of education, related to the child you are completing this application for.

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Are you in receipt of Disability Living allowance (DLA) for your child: YES – NO

Are you in receipt of Personnel Independence Payments (PIP) for your young adult (for those aged 16 and over) YES – NO

If you have answered yes to either of the above questions please attached a copy of your most recently dated full award letter.

Does your child/young adult have a Concessionary fares bus pass: YES - NO

If so, what is the bus pass number:

Does it have the companion element:

How do you currently take your child to school:

Do you receive any other benefits, if so please detail them:

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Does your child/young adult use a wheelchair: YES – NO

If Yes, please give the make, model and serial number of the wheelchair:

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Please tell us your child’s strengths and abilities, how you/they manage their disability when out and about:

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.....If necessary please use additional pages, clearly adding the child’s name and date of birth to the top left of each page and attach any additional evidence you may have.

Additional information required for Post 16 Students

Post 16 applications are assessed in line with the Post 16 Travel policy, this can be found at www.luton.gov.uk Education and Learning, Travel Assistance.

Please ensure the above is completed in addition to this section.

Full course title or titles including codes:
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Days attending:

College endorsement: I confirm that this application has been completed by the student or parent/carer who has been offered a place on a full time course at this college/place of education

Signed: Full name:

Date: College stamp:

CHECK LIST FOR ALL APPLICANTS

- Have you read and understood Code of Conduct for Children and Young People.
- Have you read and understood Parent/Carer School Travel Agreement.
- Have you read and understood Privacy Agreement for Home to School Transport.
- Completed the application form.
- Included copies of the appropriate supporting documents DLA, PIP award letters, current EHCP and any other relevant medical evidence.
- Signed the Application form.
- Included a stamped, self-addressed envelope for the return of your documents, if required

I declare that the information given is correct and to the best of my knowledge and belief. Should there be a change in circumstances I will notify the Travel Assessment Team immediately in writing and understand that this may lead to a re-assessment of my application or return of funds if applicable..

Signature: **Full name:**

Relationship: **Date:**

COMPLETED APPLICATIONS (PAGES 1 to 5) SHOULD BE RETURNED

TO: SEND Travel Assistance

Town Hall

Luton, Bed, LU1 2BQ

Contact 01582 54 8098

For more information please visit, www.luton.gov.uk

FOR OFFICE USE ONLY		
Application type	Date received	School year of child R 1 2 3 4 5 6 7 8 9 10 11 12 13 Other
Nearest Suitable School?	If not a suitable school, name of nearest suitable school:	Evidence of Free school meals seen? Y N
Mileage	Documents enclosed:	Comments:
Approve/Declined	Payment details:	Calculated:
Processed by:	Date:	

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Code of Conduct for Children and Young People on School Transport

1. If waiting at a pick-up point, I will always stay safe by keeping away from the road.
2. When boarding and alighting from transport I will do it in an orderly fashion.
3. I will wear a seat belt at all times (where required) and remain seated throughout the journey.
4. I understand that aggressive, violent and abusive behaviour towards staff or other passengers is unacceptable and may result in the temporary or permanent withdrawal of my travel assistance.
5. I will ensure that I will keep my bags out of the gangway.
6. I will not speak to the driver whilst he or she is driving, unless there is an emergency.
7. I understand that I must be reasonably quiet in the vehicle and understand that excessive noise can disturb the driver and can be dangerous.
8. I will not play any listening device unless using headphones.
9. I will ensure that my mobile phone is on the silent or vibrate setting.
10. I will not stand up or move around the vehicle whilst it is moving.
11. At the end of the journey, I will wait until the vehicle has stopped before I get out of my seat.
12. I will not eat, drink, smoke or drop litter in the vehicle.
13. I will always follow the instructions of the driver or passenger assistant and be considerate towards other passengers and behave sensibly at all times.

Signature **Name**.....

Relationship **Date**.....

You may be suspended from or permanently excluded from transport should you not follow the code of conduct.

Please remember that you and your parent/carer are responsible for any damage caused to any vehicle you may be travelling in, should any damage occur, you or your parent/carer will be charged or potentially prosecuted.

Parent/Carer School Travel Agreement

While my child is receiving travel assistance to school, I agree to the following.

1. To ensure that my child is ready at the agreed time of pick-up when the vehicle arrives at our home or at the pick-up point (transport staff are instructed not to wait over 5 minutes).
2. To be there to meet him/her at the set down point on return, or agree in writing in advance when another responsible person will do this.
3. To ensure that my child understands the standard of behaviour that is expected whilst travelling to and from school/provision. This is set out in the *Code of Conduct for Pupils on School Transport*.
4. To ensure that my child understands the need for safety and that the wearing of a seat belt or harness is essential.
5. To inform the Passenger Transport Unit, (PTU) on 01582 547387 if my child is unwell and will not be travelling to school/provision, if travelling by taxi or minibus, as well as the school/provision they are attending.
6. To inform the SEND Travel Assessment Officer on 01582 548098 of any change to travel requirements, or any change in medical needs.
7. To ensure that the Education Transport Assessment Officer is informed of any change in address in advance as eligibility to travel assistance will need to be re assessed.
8. To pay for any wilful damage caused by my child.
9. To supply the Education Travel Assessment Officer with general and emergency contact details for getting in touch with me and ensure these are kept up to date.
10. To supply the Education Travel Assessment Officer/PTU with contact details for 2 nominated responsible adults, who can act on my behalf, if requested.

Furthermore, I understand that:

11. Passenger Assistants are not responsible for the administration of drugs or any medical procedures.
12. Transport may be withdrawn if my child's behaviour is persistently unacceptable or
If I fail to make appropriate arrangements for my child to be met at the normal set-down point on more than two occasions in one term. If transport is withdrawn it will be my responsibility to make suitable arrangements for him/her to attend school/provision.
13. Failure to notify the Council of changes in circumstances (change of address etc) may result in a delay in transport being re-arranged.

Parent/Carer Signature **Full name:**

Childs name **Date**.....

Privacy Notice Home to School Transport

Luton Borough Council is committed to protecting the privacy of your child and your information.

We have a Data Protection Officer who makes sure we respect your rights and follow the law. If you have any concerns or questions about how we look after your personal information, please contact the Council at feedback@luton.gov.uk.

Privacy Section	Privacy Section Description
Data Controller	Robin Porter, Luton Borough Council, Town Hall, George Street, Luton, LU1 2BQ
Data Protection Officer	Katy Bodycombe feedback@luton.gov.uk
Personal Data	Personal Data: Name, address, previous address, gender, date of birth, looked after status, parents/carers details, contact with other educational professionals/services, special educational needs, school, previous school, bank account details, benefit information, reason/s for requesting home to school transport assistance. Special Category: medical information
Purpose for using it	To provide your child with transport to school assistance
Lawful basis	To carry out the performance of a public task Special category data such as medical details are used in the public interest of supporting each child according to their needs and to take care of their wellbeing whilst in the school setting
Who we share it with	Local authorities; education providers; NHS; safeguarding partners; catering services; pastoral support such as counselling; appeal panellists
Why we share it with them	To meet the statutory requirement for monitoring by the Department of Education To provide access to education To provide pastoral care, food and safeguarding where necessary
Any automated decision making	None
Transfer of data to a non-EU country	None
Exercising your rights	You have the right to ask us to amend or delete your data as well as transfer it or limit its use. You also have the right to request a review of an automated decision where you think this is wrong. Each request will be considered individually however, where we are required to keep your data by law we may be unable to action your request. In all circumstances we will explain our decision making in writing to you

If you want more information about how we keep your data safe please see our main privacy statement at www.luton.gov.uk/privacy-cookies.