### Application for post 19 travel assistance

**For students with special educational needs and disabilities (send)**

Guidance for completion for students

This form must be completed by Parents/Carers who wish to apply for travel assistance for post 19 travel assistance. Wigan Council’s policy on the provision of Post 19 travel assistance is available on our website [www.wigan.gov.uk](http://www.wigan.gov.uk)

Applicants must fully complete the form as the information will be used to assess whether you may be entitled to travel assistance. Medical evidence may be required in support of your application and we would encourage you to supply such information with your application form. Once the form has been received you may be contacted, to discuss the next step.

If assistance is declined, you will be notified in writing stating the reasons why.

If you disagree with the decision you may appeal. The process for appealing will be detailed in your decision letter.

Applicants should allow approximately 30 days from application to travel assistance commencing.

If you have an EHC Plan they are entitled to a free travel pass for use on public transport. Application forms can be obtained by visiting your local bus station or contacting Transport for Greater Manchester on 0161 244 1000.

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| **Name of Student** |  | |
| **Date of Birth** |  | |
| **Home Address**  (including postcode) |  | |
| **Name of next of Kin** |  | |
| **Next of Kin Address (if different)** |  | |
| **Contact Telephone Numbers** | **Student** |  |
| **Next of Kin** |  |

# APPLICATION FOR POST 19 TRAVEL ASSISTANCE

**FOR STUDENTS WITH SPECIAL EDUCATIONAL NEEDS and DISABILITIES (SEND)**

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| **Name of College/ University to which Travel Assistance is required** | |  | | | | | | | |
| **Year Group (On Transfer)** | |  | | | | | | | |
| **Course Attending** | |  | | | | | | | |
| **Does you have an EHC Plan?** | | | | | | **Yes** | | **No** | |
| **Details of Need**  (Please supply details below, continue on separate sheet if required and attach to application) | | | | | | | | | |
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| **Mobility Impairment**  (If yes, please specify)  For short term mobility problems, please provide medical evidence) | | | | | **Yes** | | **No** | | |
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| **Wheelchair User** | | | | | **Yes** | | **No** | | |
| If yes, please specify the type | | |  | | | | | | |
| **Do you cycle?** | | | | | | **Yes** | | **No** | |
| **Do you currently have a bus pass?** | | | | | | **Yes** | | **No** | |
| **Have you travelled on public transport?** | | | | | | | | | |
| **Yes, on my own** | | | | **Yes, with support** | | | | | |
| **No, even with support** | | | |  | | | | | |

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| **Do you travel to any destination independently? (out of school club/ local shop/ friend’s house, sports/ music events)? Please give details:** | | | |
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| **Would you feel confident to undertake Independent Travel Training?** | | | |
| **Yes** | | **Yes, not now but in the future** | |
| **No** | |  | |
| **How many buses/trains would you need to take to travel to college/ university?** | | | |
| **One  Two**  **Three** | | | |
| **Are you currently in receipt of the mobility component of Disability Living Allowance / PIP?** | | | |
| **Yes** | | **No** | |
| **If Yes, please indicate which rate you currently receive:** | | **Higher rate**  **Lower rate** | |
| **Do you have a mobility vehicle?** | | | |
| **Yes  No** | | | |
| **What days will you be attending your course?** | | | |
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| **Please provide any additional information you may think is relevant as the council considers your request for Post 19 SEN & D Transport:** | | |
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### APPLICATION FOR POST 19 TRAVEL ASSISTANCE

**FOR STUDENTS WITH SPECIAL EDUCATIONAL NEEDS and DISABILITIES (SEN & D)**

**Declaration**

I declare that the information provided on this form is correct at the time of submission. If circumstances change in any of the areas on this form, I will notify the council immediately.

If the council agrees to provide travel assistance for me, I understand:

* This will be stopped if any information on this form is found to be incorrect.
* The provision of transport will be reviewed on a regular basis (minimum annually)
* Any change of circumstance (e.g. change of address etc) that my affect my present entitlement to travel assistance, may also result in a change to the type of transport assistance awarded.
* The council may withdraw travel provision if my behaviour presents a health and safety risk to myself or others while travelling on the transport.
* I need to be ready at the agreed pick up point at the agreed time each morning.
* Following this assessment, the council will decide what form of travel assistance will be awarded.

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| **Signed** |  |
| **Print name** |  |
| **Date** |  |

**If you have completed this form on behalf of someone else –**

|  |  |
| --- | --- |
| **Signed** |  |
| **Print name** |  |
| **Relationship to applicant** |  |
| **Date** |  |

**Please return your completed application to:**

Transport

Wigan Council

Places Directorate

P O Box 100

Wigan

WN 1 3DS

Tel: 01942 489 685 E-mail: ITU@wigan.gov.uk