### Application for post 16 travel assistance

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

Guidance for completion for parents/carers

This form must be completed by Parents/Carers who wish to apply for travel assistance for post 16 travel assistance. Wigan Council’s policy on the provision of Post 16 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 your child 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.

**Please note that it is the legal responsibility of the parent/carer to ensure their child attends school regularly, including the period during this application process.**

If your child has 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 Pupil** |  | |
| **Date of Birth** |  | |
| **Home Address**  (including postcode) |  | |
| **Name of parent(s)/carer(s)** |  | |
| **Contact Telephone Numbers** | **Landline** |  |
| **Mobile** |  |
|  | **Email** |  |

# APPLICATION FOR POST 16 TRAVEL ASSISTANCE

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

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| **Name of School/College to which Travel Assistance is required** | |  | | | | | | | |
| **Year Group (On Transfer)** | |  | | | | | | | |
| **Course Attending** | |  | | | | | | | |
| **Does your child 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 | | |  | | | | | | |
| **Does your child cycle?** | | | | | | **Yes** | | **No** | |
| **Do they currently have a bus pass?** | | | | | | **Yes** | | **No** | |
| **Has your child travelled on public transport?** | | | | | | | | | |
| **Yes, on their own** | | | | **Yes, with support** | | | | | |
| **No, even if they have support** | | | |  | | | | | |
| **Does your child travel to any destination independently? (out of school club/ local shop/ friend’s house, sports/ music events)? Please give details:** | | | | | | | | | |
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| **In your opinion, is your child able to undertake Independent Travel Training?** | | | | | | | | | |
| **Yes** | | | | **Yes, not now but in the future** | | | | | |
| **No** | | | |  | | | | | |
| **How many buses/trains would you/your child need to take to travel to school?** | | | | | | | | | |
| **One  Two**  **Three** | | | | | | | | | |
| **Are you currently in receipt of the mobility component of Disability Living Allowance / PIP for your child?** | | | | | | | | | |
| **Yes** | | | | **No** | | | | | |
| **If Yes, please indicate which rate you currently receive:** | | | | **Higher rate**  **Lower rate** | | | | | |
| **What days will your child be attending?** | | | | | | | | | |
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| **Please provide any additional information you may think is relevant as the council considers your request for Post 16 SEN & D Transport:** | | | | | | | | | |
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# APPLICATION FOR POST 16 TRAVEL ASSISTANCE

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

**Parent/Carer 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 my child, 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 child’s 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 the behaviour of my child presents a health and safety risk to themselves or others while travelling on the transport.
* My child needs 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 Home to School travel assistance will be awarded.

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

**Please return your completed application to:**

Transport Team

Wigan Council

Places Directorate

P O Box 100

Wigan

WN 1 3DS

Tel: 01942 489 685

E-mail: ITU@wigan.gov.uk