

Special educational needs Transport Assistance application

Section 1 Student details	
First name	
Surname	
Also known as	
Date of birth	Date <input type="text"/> Month <input type="text"/> Year <input type="text"/>
Current Age	Years <input type="text"/> Months <input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Not stated <input type="checkbox"/>
Height in centimetres and Weight in kilograms	CM <input type="text"/> KG <input type="text"/>
Parent name	
Second parent name	
Legal parent / guardian name	
Home / main residential address (please include post code) Transport is provided to and from your main residential address only	
Home telephone / Mobile telephone	
Your email address	
Is your child looked after by Social Services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Social worker name (if any)	
First Emergency contact name and address (please include post code) Transport is provided to and from your main residential address only	
Emergency contact telephone number	
Relationship of emergency contact	
Second Emergency contact name and address (please include post code) Transport is provided to and from your main residential address only	
Emergency contact telephone number	
Relationship of emergency contact	

Special educational needs Transport Assistance application

Section 2 School details	
School to be attended	
Approximate mileage home to school (one way)	
School start date	
Is this the nearest appropriate school as identified by Blackpool Council's Special Needs and Disabilities assessment team?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 3 Your child's Special Educational Needs (please tick appropriate boxes)	
Emotional and behavioral difficulties <input type="checkbox"/>	Physical and neurological impairment <input type="checkbox"/>
Learning difficulties <input type="checkbox"/>	Visual impairment <input type="checkbox"/>
Autistic Spectrum <input type="checkbox"/>	Epilepsy <input type="checkbox"/>
Speech and language difficulties <input type="checkbox"/>	Hearing impairment <input type="checkbox"/>
Other (please specify)	
Please describe how this affects your child when travelling and what action can be taken:	
Does your child have any mobility issues which affect accessing transport	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes give details	
Is your child a wheelchair user?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes give details	
Manufacturer:	
Model:	
If Yes we will contact you to arrange a wheelchair assessment	

Special educational needs Transport Assistance application

Does your child travel with any medical equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes give details eg oxygen cylinder, walking frame	
Is there anything else that affects your child when travelling to and from school that we need to be aware of?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes give details	

Section 4 Family circumstances

Does your child have a Statement of Special Educational needs or an Education Health and Care Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or your partner currently have a car?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a mobility vehicle been provided for the benefit of your child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you in receipt of Disability Living Allowance or Personal Independence payments for your child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you receive a mobility component Disability Living Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes what level is the mobility component?	Higher <input type="checkbox"/> Lower <input type="checkbox"/>
<p>Please note: Where possible Blackpool Council normally expect parent/carers who receive the mobility component of Disability Living Allowance (or Personal Independence Payment) with respect to their child's/young person's disabilities, to use that funding for the purpose of enabling the child's/young person's travel to and from school.</p>	
Please explain what prevents you or your partner from taking or accompanying your child to school	
Please explain how your child currently gets to school	

Special educational needs Transport Assistance application

Section 5

Travel information

Does your child have a health care plan which contains information related to transport? If Yes please enclose a copy	Yes <input type="checkbox"/> No <input type="checkbox"/>
In your opinion is your child able to travel safely on public transport at any time? If No please advise your reasons	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child use public transport independently at weekends and outside of school hours?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Travel training supports children get more out of life through learning skills and building confidence and independence to use public transport safely. Further information is available upon request.	
Do you wish your child to be considered for independent travel training? If No please advise your reasons	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No do you consider your child could be considered for independent travel training at some stage in the future?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 6

Specialist Healthcare

Please confirm if your child has any of the following:

Epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency medication for epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>
Anaphylaxis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>
Use of oxygen	Yes <input type="checkbox"/> No <input type="checkbox"/>
Oral or nasal suction required (excess salivation etc)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gastrostomy feed	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please give details of any other medication needs:

Passenger assistants are not trained to administer rescue medication for epilepsy.
Passenger assistants do not administer oral or regular medication.

Special educational needs Transport Assistance application

Section 7

Fuel allowance

In some circumstances Blackpool Council may offer parents a fuel allowance for them to take their entitled child to school when the cost of the fuel allowance is less than the cost of contracted transport. Such allowance may be subject to taxation which will be your own responsibility. Entitlement will be checked against school attendance records.

Do you wish to be considered for a fuel allowance?

Yes No

Section 8

Medical evidence

Are you able to enclose medical evidence to support why your child cannot walk to school accompanied if necessary?

Yes No

Please note: The cost of obtaining any medical evidence is your own responsibility and Blackpool Council are unable to reimburse this expense

If No please explain why

Section 9

Other information

Do you wish to provide any additional information that you think may help the assessment panel when considering your request for transport assistance?

Yes No

Please insert details below, continue on a separate sheet if necessary

Special educational needs Transport Assistance application

Section 10 Parent declaration

By completing and signing this application:

- You agree that the information provided is to the best of your knowledge correct at the time of completion
- You agree that Blackpool Council may share this information between internal departments and with any contractors to ensure that safe and appropriate travel assistance is provided
- You understand that if transport is provided by Blackpool Council it will be your responsibility to collect your child from school if he/she is unwell
- You agree that Blackpool Council and any contractors may contact you and/or any emergency contacts provided as appropriate by telephone, email or letter
- You understand that if transport is provided by Blackpool Council this will be between the main residential address and school specified on this application

If Blackpool Council agrees to provide travel assistance:

- Blackpool Council will decide what form of travel assistance will be offered
- Any travel assistance will be time limited and reviewed at least once a year and a new application maybe required
- Blackpool Council may review the travel assistance provided if the behavior of a child represents a health and safety risk to themselves or others while travelling on transport and this could result in transport being removed on a temporary or permanent basis
- Failure to submit a fully completed request with supporting evidence and failure to provide any additional information requested could result in Blackpool Council not being able to consider your request
- If an application is not submitted or a travel assistance offer not accepted, you will be responsible for your child's transport and attendance at school

If you are returning this form by email typing your name in the box below will be deemed that is document has been signed by you

Signed by Parent/Guardian

Date

Relationship to child