

Post 16 Application for Travel Assistance for Learners with Special Educational Needs

12 To Year 14 For Academic Year 2025-2026 - Post 16

Part 1: Learner Details		
Full name of learner:		
Date of birth:	Male/female:	
Current address:		
Name of college to which travel assistance is requested:		
Course title:		
Duration of course:	Days attending:	
Part 2: Details of Parent or Carer		
Mr/Mrs/Ms/Miss First name:	Surname:	
Relationship to the learner:		
Permanent home address (if different from learn	ner): Post code:	
Contact telephone number (mobile/landline): Email Address:		
Part 3: Detail of Emergency Contact Details if Parent/Carer cannot be contacted		
Mr/Mrs/Ms/Miss First name:	Surname:	
Relationship to the learner:		
Contact telephone number (mobile/landline):		

Part 4: Social Care Details (if applicable)

To be completed if your family is currently involved with Social Care

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Name of Social Worker:	Contact teleph	one number:
Is the learner a Looked After Young Person to St.Helens Local Authority?	Yes	No
Is the learner Looked After by another Local Authority? If yes, please state name of Local Authority:	Yes	☐ No
Does the learner currently access respite provision? If yes, please provide details:	Yes	□ No
Part 5: Educational Needs		
Does the learner have an Education, Health and Care Plan?	Yes	☐ No
If yes, can you provide a copy of their Education, Health and Care Plan?	Yes	☐ No
If you cannot provide a copy of their Education, Health and Care Plan, do you give consent to School Transport to access their Plan from the Post 16 Placement Team?	Yes	☐ No
Please note: If the learner does not have an Education, Health and Ca	are Plan the ann	olication will be

processed in accordance with the local authority's mainstream home to school transport policy.

Part 6: Pupil Health, Medical and Mobility Needs

This section asks you to inform us of the Learner's Special Educational Needs. Has the Learner been diagnosed with any of the following?

Emotional/behavioural/social difficulties	Yes	☐ No
Learning difficulties? If yes, can you please supply information:	Yes	☐ No
Speech, language or communication difficulties? If yes, can you please supply information:	Yes	No
Physical and neurological difficulties? If yes, can you please supply information:	Yes	☐ No
Visual Impairment? If yes, can you please supply information:	Yes	☐ No
Hearing Impairment? If yes, can you please supply information:	Yes	☐ No
Diabetes? If yes, is the diabetes controlled?	Yes Yes	☐ No ☐ No
Breathing problems? If yes, can you please supply information:	Yes	No
Epilepsy? If yes, please supply details of the learner's epilepsy and what seizures they have:	Yes	☐ No
If the learner has epilepsy do they need recovery medicine?	Yes	No
If they need require recovery medicine, do you give consent to the School Transport Team to have access to their care plan?	Yes	No
Allergies? If yes, what allergies does the learner have and how is it managed?	Yes	☐ No
Does the learner carry an epi-pen?	Yes	☐ No

Part 6: Continued

Does the learner have any mobility issues which affect accessing transport?	ct Yes No
If 'yes', please detail below:	
In your opinion, is the learner able to travel on public transport safely?	Yes No
Does the learner use public transport at weekends/ out of school hours?	Yes No
Would the learner be capable of travelling to school independently, after receiving support from the Independent Travel Trainer?	Yes No
If 'no', please detail below:	
Does the learner travel in a wheelchair?	Yes No
If 'yes', is it:	
Manual? Please state the make and model:	
Electric? Please state the make and model:	
Has the wheelchair been modified in any way since tested?	Yes No Don't know
If yes, please supply details:	
Please note: If the learner's wheelchair is to be changed, you mus change happens. Therefore an assessment can be m	

travelling in a vehicle		
Does the learner require a harness when travelling Yes No in a vehicle?		
If yes, what type of harness:		
Medication		
Does the learner need to carry medicines between home Yes No and school?		
If so, please give details below:		
NB: Any medication must be stored within the provided medication bag. The medication bag should be handed to the passenger assistant who will hand the bag over to college.		
Does the learner have a medical condition, which may mean that they require medical treatment when they are travelling in a vehicle?		
If, yes please provide details below:		
If there is any additional information regarding the learner's health, medical and mobility needs can you please list here. You can submit a supplementary sheet or sheets if necessary.		

Due to health and safety regulations all passengers must wear a seat belt when

Part 7: Declaration of Parent/Carer Declaration

Please note: all applications must be signed. Any unsigned forms will be returned.

I declare that the information provided on this form is correct at the time of submission. If any of the circumstances change, I agree to notify the council immediately. If the council agrees to provide travel assistance for my child, I understand that:

- · Following this assessment, the council will decide what form of travel assistance will be offered
- Any travel assistance agreed will be reviewed at least once every year
- Any change of circumstance (e.g. change of address) that may affect the learner's present entitlement to travel assistance, will result in a review of the type of transport assistance provided
- The council may review the travel assistance provided if the behaviour of the learner presents a health and safety risk to themselves, or others, while travelling on the transport
- Assistance will only be granted to a learner who is accessing an educational course and the course is full time
- The council is trying to make the best use of limited resources and therefore will apply a principle of lowest cost option for any learner receiving transport assistance. The lowest cost option may vary depending on individual family circumstance and may be one of the following: a mileage allowance for parents/carers to transport the learner using their own vehicle; a bus pass; mini-bus transport arranged by the Local Authority transporting a number of learners; taxi arranged by the Local Authority.

Parent name (please print):	
Signed:	Date:
Signed:	Date.

Data Privacy:

The information provided on this form will be processed in accordance with the Local Authority's Home to School Transport Privacy Notice. Information will be treated as confidential and will be used only for the purpose of assessing your child's eligibility for free school transport, in accordance with the Education and Inspections Act (2006).

The Privacy Notice and data protection legislation puts in certain safeguards regarding the use of personal data by organisations including the Department of Education (DfE), local authorities, police and HM Revenue and Customs. The data protection legislation gives rights to those individuals whose data is held. These include:

- The right to request access to the data that is being held by contacting the Council Data Protection Officer dataprotection@sthelens.gov.uk
- · The right to request the reason why the data is being held and why it is being used
- The right to request data to be removed (although without the information, the Home to School Transport Application cannot be processed)
- The right to request the Local Authority to correct or amend any incorrect information
- · The right to know who the data may be shared with
- · The right to know how long the data can be held before it is destroyed.

A copy of the full privacy notice is available on the School Transport web page. By signing this declaration, you are declaring that you have read and understood the terms of the notice.

If you have any concerns how the Local Authority is handling your data, you can contact:

Information Commissioners Office, Information Commissioner, Wycliffe House, Water Lane, Wilmslow SK9 5AF.



School Transport, St Helens Borough Council, PO Box 512, WA10 9JX Tel: 01744 671033 • Minicom: 01744 671671

→ www.sthelens.gov.uk/contactus

Please contact us to request translation of Council information into Braille, audio tape or a foreign language.