

Application for Travel Assistance for Pupils with Special Educational Needs

ST HELENS BOROUGH COUNCIL Year 12 To Year 14 For Academic Year 2020-2021 - Post 16

Part 1: Pupil	Details			
Full name of pupil				
Date of birth:		Male/Female:		
Current address:				
Name of College to which travel assistance is requested:				
Part 2: Details	s of Parent or C	:arer		
Mr/Mrs/Ms/Miss	First Name:	Surname:		
Relationship to the	pupil:			
Permanent Home	Address (if different t	from pupil): Post Code:		
Contact Telephone	Number (Mobile/La	ndline):		
Part 3: Detail o		Contact Details if Parent/C	arer cannot	
Mr/Mrs/Ms/Miss	First Name:	Surname:		
Relationship to the	pupil:			
Contact Telephone Number (Mobile/Landline):				

Part 4: Social Care Details (if applicable)

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

Name of Social Worker:	Contact Telephone Number:
Is the young person a Looked After Child to St.Helens Local Authority?	Yes No
Is the young person Looked After by another Local Authority If yes, please state name of Local Authority:	rity?
Does the young person currently access respite provision If yes, please provide details:	n?
Part 5: Educational Needs	
Does the young person 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 Education Team?	Yes No
Please note:	
If the young person does not have an Education, Health a processed in accordance with the local authority's mainst	

Part 6: Pupil Health, Medical and Mobility Needs

This section asks you to inform us of the young person's Special Educational Needs. Has the young person 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 young person's epilepsy and what seizures they have:	Yes	☐ No
If the young person 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 young person have and how is it managed?	Yes	☐ No
Does the young person carry an epi-pen?	Yes	☐ No

Fait o. Continued				
Does the young person have any mobility issues which affect accessing transport?	h Yes No			
If 'yes', please detail below:				
In your opinion, is the young person able to travel on public transport safely?	Yes No			
Does the young person use public transport at weekends/out of school hours?	Yes No			
Would the young person be capable of travelling to school independently, after receiving support from the Independent Travel Trainer?	Yes No			
If 'no', please detail below:				
Does the young person travel in a wheelchair?	Yes No			
If 'yes', is the wheelchair:				
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 young person's wheelchair is to be changed, you must inform School Transport before any change happens. Therefore an assessment can be made regarding vehicle suitability.				

Due to health and safety regulations all passengers must wear a seat belt when 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 Yes No 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.

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:

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.



Contact Centre

Wesley House, Corporation Street, St Helens WA10 1HF

Tel: 01744 676789 • 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.

thedesignstudio@sthelens.gov.uk 1800908M