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| **London Borough of Tower Hamlets** |

**Application for Home to School Travel Assistance (SEN)**

**HOME TO SCHOOL TRAVEL ASSISTANCE GUIDE FOR CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS.**

Please complete your application form clearly and precisely, answering all questions. We need you to give us as much information as possible so that we can fully assess your child’s eligibility and need for travel assistance.

Travel Assistance doesn’t always mean that the Local Authority provides transport; there are other forms of assistance that can be offered. It should be noted that the type of travel assistance offered will be **reviewed regularly** and may change as the needs of the child or young person change as well as ensuring that the type of travel assistance ensures the best use of Council resources.

**Assessment Process**

Each individual case will be considered on its own merits and will differ according to the age and the eligibility needs of the pupil. Each case will be looked at by the SEN Travel Review Panel and a decision will be made taking into account the following factors:

● The special educational needs of the child

● The need for specialist transport

● The age of the child

● The distance of the child’s home from school

● Whether the child has a physical or medical difficulty that rules out the use of public transport

**Additional Information**

Where travel assistance has been awarded to your child in the form of a vehicle and your child is the only school pupil in the vehicle, the local authority would normally expect one of the parents to accompany their child to and from school in the vehicle. If a parent feels that they are physically unable to do this, a letter or report from a Consultant confirming your condition would need to be provided, setting out how this affects your ability to travel with your child.

From time to time, your needs as a family may change and this may affect your child’s entitlement to travel assistance. Please let us know immediately if there are any changes in your family circumstances which you feel may need to be considered.

**Please note:**

It is paramount that a parent/carer must be present at the beginning of each school day to hand their child over to the passenger assistant or if agreed to place their child in the transport vehicle, and at the end of the school day should be at the home address or meeting point in order to receive their child from the passenger assistant.

**Privacy Notice**

Information you provide when applying for an assessment of your child’s needs for home to school transport will be entered onto a computerised database and may be shared with relevant partners including, but not limited to, schools, health and/or social care agencies.

The information will be handled in-line with the General Data Protection Regulation and will be processed for the purpose of facilitating decision-making. You have the right to make a formal request in writing for access to personal data held about you or your child, which must be responded to within 30 working days. You also have the right to request:

* a change of any inaccurate data we hold about you or your child
* that we restrict our processing of you/your child’s data and/or restrict whom we share the data with, where permitted by law
* withdraw consent and remove data relating to you/your child, where permitted by law

The retention of your/your child’s information will vary between organisations and will be governed by each respective organisation’s records retention policy. Tower Hamlets Borough Council will retain the information contained in this form for up to 35 years.

**Tower Hamlets Borough Council also has a duty under the Children’s Act 2004 to work with partners to provide and improve services to children and young people in the area. Therefore, Tower Hamlets Borough Council may use this information for other legitimate purposes and may share this information where necessary with other bodies responsible for administering services to children and young people.** In certain circumstances, we may need to share information with other organisations without your consent for statutory purposes. These can include, but are not limited to, where we believe there is risk of significant harm to a child, young person or vulnerable adult, and for the purposes of crime prevention and national security. **Tower Hamlets Borough Council has a duty to protect the public funds it administers, and to this end it may use the information you have provided on this form for the prevention and detection of fraud.**

You have the right to make a complaint at any point if you are not satisfied with our responses to your requests. You can do this in writing to:

Complaints  
Town Hall  
Mulberry Place  
5 Clove Crescent  
London E14 2BG.

Email: [complaints@towerhamlets.gov.uk](mailto:complaints@towerhamlets.gov.uk)

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| **London Borough of Tower Hamlets** |

**Application for Home to School Travel Assistance**

**For Pupils with Special Educational Needs or an Education Health Care Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| URN  TA |  |  |  |  | DATE RECEIVED |

Please read the Children’s Travel Policy before completing this form.

If you have any difficulties, please contact us.

**We will require a copy of your current Council Tax bill as proof of address.**

*Not providing the above may delay your application form being processed*

* Please use black ink and **BLOCK CAPITALS** when completing the form
* Once you have filled in all sections of the form you must sign the declaration in SECTION B.

**TRAVEL ASSISTANCE IS BEING REQUESTED FOR A CHILD WITH? Special Educational Needs **

**Complex Medical Needs **

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| **SECTION A** |

**If you are completing this form on behalf of a parent/carer, please enter your details.**

|  |  |
| --- | --- |
| Relationship to child |  |
| Name |  |
| Address |  |
| Contact details |  |

**Parents/carer details**

|  |  |
| --- | --- |
| 1st Parent/Carer Name | **Mr Mrs  Ms Miss** |
| Address: |  |
| Contact Phone Details |  |
| 2nd Parent/Carer Name | **Mr Mrs  Ms Miss** |
| Address |  |
| Contact Phone Details |  |

**Child’s details**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| School / College Year |  |
| Child’s Gender | Male **** Female **** |
| Address |  |

|  |  |  |
| --- | --- | --- |
| Does your child have a statement and/or EHC Plan | YES | NO |

***Please note that an EHC Plan is not the same as a School Support Plan***

|  |  |
| --- | --- |
| If YES, please give a brief summary of their SEN needs |  |

**HEALTH AND SAFETY INFORMATION REQUIRED**

|  |  |  |
| --- | --- | --- |
| Is your child a wheelchair user | YES | NO |
| Is the wheelchair manual or electric |  | |

|  |  |
| --- | --- |
| If YES, please provide MAKE, MODEL, SERIAL NO |  |
| Can your child transfer from a wheelchair to a car or bus seat? | YES ****  NO **** |

**Please note that evidence e.g. Consultant’s letter, may be required to support any medical statement made to any or all of the following questions.**

|  |  |  |
| --- | --- | --- |
| Does your child have any medical conditions | YES | NO |

If yes, please complete the boxes below

|  |  |  |
| --- | --- | --- |
| Epilepsy | YES | NO |
| Requires suctioning | YES | NO |
| Requires oxygen | YES | NO |
| Asthma | YES | NO |
| Allergies | YES | NO |
| If yes to allergies, please provide more information | | |

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| --- |
| If your child has a medical condition that is not shown above please add it here |

|  |
| --- |
| Please list the medicines that your child takes here |

**SCHOOL INFORMATION**

|  |  |
| --- | --- |
| Which school does your child currently attend |  |
| Which school are you applying for travel assistance to |  |
| Date from which travel assistance is required |  |

**PLEASE NOTE THAT ASSISTANCE MAY TAKE A MINIMUM OF 14 DAYS TO AUTHORISE AND ARRANGE**

|  |  |
| --- | --- |
| How does your child currently get to school?  WALK **** CAR **** BUS TRAIN **** OTHER **** | Please give a brief summary. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School start and finish times for the school that you are applying for | A.M. |  | P.M. |  |

|  |  |
| --- | --- |
| How far is it from your home address to the school that you are applying for |  |

**FURTHER INFORMATION REQUIREMENTS**

|  |  |  |
| --- | --- | --- |
| Does your child have a Freedom Pass | YES | NO |

|  |  |  |
| --- | --- | --- |
| Does your child have a Zip Oyster card | YES | NO |

|  |  |  |
| --- | --- | --- |
| Does your child receive the Disability Living Allowance Mobility Component | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| If YES, What rate is it | LOW | MIDDLE | HIGH |

|  |  |  |
| --- | --- | --- |
| Does your family have the use of a car? | YES **** | NO **** |

|  |  |  |
| --- | --- | --- |
| Does your family have a car through Motability for your child | YES **** | NO **** |

|  |  |  |
| --- | --- | --- |
| Are one or both parents working? | YES **** | NO **** |
| ADULT/CARER ONE | PART –TIME **** | FULL-TIME **** |
| ADULT/CARER TWO | PART- TIME **** | FULL-TIME **** |

|  |  |  |
| --- | --- | --- |
| Are there any other children in the family | YES | NO |

|  |  |
| --- | --- |
| If YES, How many other children are there |  |

**Please give names, and dates of birth**

|  |  |
| --- | --- |
| Name | DoB |
|  |  |
|  |  |
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|  |  |  |
| --- | --- | --- |
| **Do they attend school or any other learning provision** | **YES** | **NO** |

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| **If YES, which school or learning provision do they attend, please enter the start and finish times** |

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s name | School / Learning Provision | Start time | Finish time |
|  |  |  |  |
|  |  |  |  |
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**Please give any additional information here that you feel may support your application for travel assistance. If you do not complete this section, your application may be delayed.**

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**Any information you provide will be solely used to compile statistics on the transport service and will not allow your child to be identified. Please tick a box which indicates the ethnic background of the child receiving transport.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ethnicity** | | | | |
| **Asian** | **** |  | **Mixed Dual Heritage** | **** |
| Bangladeshi | **** |  | White & Asian | **** |
| Chinese | **** |  | White & Black African | **** |
| Indian | **** |  | White & Black Caribbean | **** |
| Pakistani | **** |  | Other Mixed background (Specify) | **** |
| Vietnamese | **** |  |  |  |
| Other Asian background  (Specify) | **** |  |  |  |
|  | | | | |
| **Black** | **** |  | **White** | **** |
| Caribbean | **** |  | English | **** |
| African | **** |  | Irish | **** |
| Somali | **** |  | Scottish | **** |
| Other African | **** |  | Welsh | **** |
| Other Black background (specify) | **** |  | Other White background (Specify) | **** |
|  | | | | |
| **Other** | **** |  |  |  |
| Any other ethnic background (specify) | **** |  |  |  |
| **Is English the first language spoken in the home ?** | **YES **  **NO ** |  | **If no, please describe and tell us which languages are spoken.** |  |

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| **SECTION B** |

**DECLARATION AND SIGNATURE**

Please read and sign the declaration below

* I have read and understood the conditions under which the Council provides travel assistance as set out in the Children’s Travel Assistance Policy.
* I declare that the information I have given is true, complete and accurate to the best of my knowledge. I authorise the Council to validate any information that I have given on this form.
* I agree to supply any further information the Council may ask for in respect of this application.
* I am aware that I am responsible for informing the Council immediately of any circumstances that might affect this application.
* I understand that if I provide false or misleading information, I may be prosecuted and the assistance withdrawn.
* I understand that from the result of the assessment if I am being offered travel assistance in the form of a vehicle for my child, it will be my responsibility to ensure that I, or my designated responsible adult, must be available to receive my child when they are dropped off from school at the designated drop off point/home. If I am unavoidably delayed I will contact Tower Hamlets Children’s Commissioning team (contact details below) to let them know my estimated time of arrival at home.
* I accept that if no-one is at the designated drop off point/home to receive my child, he/she may be taken to a safe place arranged with Social Care and that I will need to collect him/her from there.
* I understand that I may be liable for any additional transport costs incurred.

**Children’s Commissioning Team contacts:**

**Evelyn Williams – Tel: 0207 364 6434 or**

**Lorraine Ashdown – Tel: 0207 364 4397**

|  |  |
| --- | --- |
| **Your Signature:** |  |

|  |  |
| --- | --- |
| **Date:** |  |

**BEFORE RETURNING THIS FORM, PLEASE MAKE SURE YOU HAVE COMPLETED ALL SECTIONS AS FAILURE WILL RESULT IN DELAYS OR YOUR APPLICATION NOT BEING PROCCESSED.**

**CHECKLIST**

**Have you attached the following?**

**√ A current copy of your Council Tax Bill as proof of address**

**√ A Consultant’s letter to support any medical statement**

**Please return to:**

**LBTH SEN CHILDREN’S TRANSPORT PANEL**

**C/o Children’s Commissioning Team**

**Children’s Services**

**Town Hall**

**160 Whitechapel Road  
LONDON  
E1 1BJ**

**FOR OFFICE USE ONLY**

**DECISIONS ON TRAVEL ASSISTANCE:**

**ADDITIONAL ASSISTANCE WITH TRAVEL MAY BE PROVIDED IN THE FOLLOWING WAYS:**