**SEN HOME TO SCHOOL/COLLEGE TRANSPORT – APPEAL FORM (Stage 1)**

**Notes for Guidance**

Please arrange to complete this form if you wish to appeal against the type of home to school/college travel assistance that has been offered for your child or assistance has been refused.

A copy of our Home to School Travel Policy and the Travel Policy Statement for young People of Sixth Form age can be found at: [Travel Assistance Application Form | Croydon Council](https://www.croydon.gov.uk/schools-and-education/schools/road-safety-and-school-travel/school-travel-assistance/travel-assistance-application-form)

Appeals can be made against the implementation of the policy but not the policy itself.

Appeals should be completed within **20 working days** of the decision being received by the parent(s)/carer(s).

You will need to explain the exact nature and the reasons for your appeal.

The appeals process has two stages:

**Stage 1 –**Deputy Head of Service will consider the appeal within 20 working days of the receipt of the appeal form, the parents or carers will receive confirmation that the appeal is under review. Further evidence may be requested to support the appeal and consultation with caseworkers and professional bodies may be required.

A decision and notification will be made within **20 working days** from receipt of the appeals form.

If you remain dissatisfied with the outcome, then you should notify the Council in writing within 20 working days of receiving the appeal decision.

**Stage 2 –** If you are dissatisfied with the outcome of the appeal at Stage 1 the appeal moves to Stage 2. The appeal will then be reviewed by an independent panel.

A stage two appeal will consider all the information provided by the parents or carers including family income details. A decision will be made within **40 working days** of receiving the Stage 2 request.

**What types of factors will be taken in account?**

Where the application has been refused because the distance is less than the statutory walking distance travel assistance will be considered taking account of any individual family circumstances including any significant behavioural or physical needs which may prevent a parent/carer from getting the child to school.

We will take into account any additional supporting written evidence that may be provided from any Education or health care professionals, parents/carers, schools such as:

a. Evidence that a child’s special needs or medical condition prevents the child from walking to school or using public transport.

b. Evidence that there would be health and safety risks to the child or others if they travelled to school without support.

c. Evidence that the parent/carers’ individual circumstances prevent them from taking or accompanying their child/children to school or college.

d. Any other extraordinary individual circumstances.

Consideration **will not normally be** given to:

a. Personal circumstances when considering drop off/collection points and times.

b. Help with attendance issues. Parents/carers are legally responsible for ensuring their child/children attend school regularly.

It is important that you submit all aspects of your case in full. In some cases the Local Authority may need to obtain statements from other parties should this be appropriate. You will be sent copies of any additional correspondence that we receive.

During the appeal stages, travel assistance will not be provided or a change to existing travel assistance will not be made.

If you need any help completing this form please contact the Eligibility team Transport Service at the following email address:

transport.eligibility@croydon.gov.uk

**SEN HOME TO SCHOOL/COLLEGE TRANSPORT – APPEAL FORM (Stage1)**

**To be completed by the Parent/Carer- please answer the following questions**

**Section 1: Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Child’s Name: | Date of Birth: | School/College Attended: |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2 | Other Children in Family | Date of Birth: | School/College Attended: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| 3 | Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code:  |

|  |  |  |
| --- | --- | --- |
| 4 | Name of Parent/Carer: |  |
|  | Day time Tel No/ Mobile: |  |
|  | Email Address |  |

**Section 2: Reasons for Review**

|  |  |
| --- | --- |
| 5 | Please tell us why you wish your application be reviewed - please state these reasons as fully as possible continuing on a separate sheet of paper if necessary. Please attach any additional supporting information that you feel may support your application e.g. up to date medical advice from health care/educational professionals which has been provided within the last 12 months or any financial hardship. All supporting information must be provided to us in writing and attached to this form.……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**Please attach any additional information** |

 **Parent(s)/Carer(s)**

|  |  |  |
| --- | --- | --- |
|  | Signed: | Signed: |
|  | Name in Capitals: | Name in Capitals: |
|  | Date: | Date: |

|  |  |
| --- | --- |
|  | **Data Protection Act 1998**  |
|  | This information is collected in compliance with the Data protection Act 1998 and will only be used for the purpose of reviewing applications for assistance with pupils/students travelling expenses between home and learning establishments. These purposes and the disclosures to third parties they imply are included in the registration. Your personnel details will otherwise be kept secure and confidential in all aspects. |

Please check carefully **that every section of this form is completed.** Incomplete forms will be returned resulting in a delay in reviewing your application**.** When completed this form should be returned to:

This appeal will be considered by a the Deputy Head of Service Travel Team and you will be notified of the outcome within 20 working days of the receipt of the form.

**Section 5: Parent/Carers Declaration:**

The information on this application form is true and correct to the best of my knowledge.

I have enclosed all the necessary supporting papers.

I understand that my child’s appeal will be judged strictly in accordance with the Croydon SEN Travel Assistance Policy.

I understand that the evidence I have provided may require verification and give consent to contact being made with the authors of the supporting documents and other professionals who know my child. I understand that the information provided in this form may be shared with other internal and external partners, for example, private contractors, the SEN Team, schools, colleges etc. **I confirm that I am happy for the information given in this form, including my contact details to be shared with external partners working with Croydon council who are involved in the transport provision for my child.**

I confirm that I have read and understood the:

Code of Conduct ……………………………………...…………………………….………….[ ]

*Available at:* [*www.croydon.gov.uk/TravelAssistanceConduct*](file:///C%3A%5CUsers%5C020534%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C1AC0AZM6%5Cwww.croydon.gov.uk%5CTravelAssistanceConduct)

Home to School Travel Assistance Policy…………………..……….……………………….[ ]

*Available at:* [*www.croydon.gov.uk/5-16TravelAssistancePolicy*](file:///C%3A%5CUsers%5C020534%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C1AC0AZM6%5Cwww.croydon.gov.uk%5C5-16TravelAssistancePolicy)

The General Data Protection Regulation Privacy Notice and I give my consent for the data provided in this form to be used and shared accordingly. …………………..……….……………………………..…….[ ]

*Available at:* [*www.croydon.gov.uk/TravelAssistanceDataProtect*](file:///C%3A%5CUsers%5C020534%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C1AC0AZM6%5Cwww.croydon.gov.uk%5CTravelAssistanceDataProtect)

**If the above boxes are not completed, the application will not be processed and travel will not be provided.**

**Print full name:** ………………………………….. **Date:**……………………..

**Signature (print name if submitting electronically):** …………………………………………...

**End of application**

**Thank you in advance for checking the form has been completed correctly and fully.**

**We will contact you within the next 20 days with our decision.**