2024/2025 Application Form

Home to School Travel Assistance (for ages 5-16)

This form is for parents and carers who wish to apply for travel assistance for their child.

If you require travel assistance starting in September term, please ensure you **apply before 20th April 2024 for secondary transitions and 12th June for children starting reception.** or we cannot guarantee that arrangements will be in place on time. Before completing this application form please make sure you have read the Home to School Travel Assistance Policy (available at [www.croydon.gov.uk/5-16TravelAssistancePolicy](http://www.croydon.gov.uk/5-16TravelAssistancePolicy)) and our Code of Conduct, (available at [www.croydon.gov.uk/TravelAssistanceConduct](http://www.croydon.gov.uk/TravelAssistanceConduct)) and our Privacy Notice (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)

**Upon receipt of the completed application we may request the following information from you:**

* A medical statement or letter from the child’s GP may be requested as evidence that the child cannot travel independently
* The most recent copy of your tax credits award notice from HMRC (including part 2) if you are in receipt of the maximum level of Working Tax credit
* Name of the child’s allocated social worker if the child is looked after by the local authority
* Evidence of parent’s disability, such as a letter from a GP, if relevant to child’s travel needs
* Evidence that the child requires a passenger assistant, such as documentation from the child’s school or from a medical professional, if you indicate that an assistant is required

**Completing the form:**

Writing by hand? Please use black ink and write in **CAPITAL LETTERS**

**Send the completed form and any relevant documents by email to:**

 E-mail: Transport.eligibility@croydon.gov.uk

**IMPORTANT:** Incomplete forms will be returned to you and will result in delays

**What happens next?**

**If your application is received on time, we will inform you of the outcome within 20 working days**. If eligibility is agreed, the Council will decide what type of assistance will be provided. If you are not in agreement with the type of assistance you have the right of appeal against this decision. Appeal rights are detailed in the Home to school travel assistance policy.

**Legal Declaration:**

It is a criminal offence to knowingly or recklessly give false information, withhold information or fail to tell the Council of any changes in your circumstances that might affect your eligibility. If we find that you have committed such an offence, you may be prosecuted.

**Please confirm that you have read and understood the information on this page by entering your initials here:** ..………….

**1. Pupil details**

First name: ……………………………... Last name: ……………………………...

Identify gender as………………….. Date of birth: ……………………………..

**Pupil’s Permanent Address**

House Number/ Name: ………………………………………...

Address 1: ………………………………………...

Address 2: ………………………………………...

Town/ City: ………………………………………...

Postcode: ………………………………………...

**School Details (for which travel assistance is requested for Sept 2024)**

School Name: ………………………………………...

Address 1: ………………………………………...

Address 2: ………………………………………...

Town/ City: ………………………………………...

Postcode: ………………………………………...

Start date at school: ………….. Date travel assistance is required from: …………..

School year group: ………. School start time: ………….. School finish time: …………..

Please describe how your child currently travels to and from school or to and from their previous school:

………………………………………………………….………………………………………………………………………………………………………………………………………………………….

Please advise if there is any difficulty in accessing the child’s home, such as no parking zones or barriers:

………………………………………………………….………………………………………………………………………………………………………………………………………………………….

Is the child ‘Looked After’ by Social Care: [ ] Yes [ ]  No

If‘Yes’ by which Local Authority: ………………………………………………………………..

If‘Yes’ provide name of allocated social worker: ………………………………………………

**2. Parent/carer’s contact details**

It is your responsibility to let us know if your address or phone number changes.

Title:............ First name: ………………………….. Last name: …………………………...

Relationship to pupil: ……………………………………………………………………………….

**Parent/ carer’s address:**

If the address is the same as pupils please tick here (and leave this section blank) [ ]

House Number/ Name: ………………………………………...

Address 1: ………………………………………...

Address 2: ………………………………………...

Town/ City: ………………………………………...

Postcode: ………………………………………...

Is this address a permanent address:[ ] Yes [ ]  No

**Contact telephone numbers and email:**

Home: ………………………………………... Mobile: ………………………………………...

Work: ………………………………………... E-mail: ………………………………………...

**Please note that most communication from us will be via email and telephone, please complete above with your contact numbers and email address.**

**3. Emergency Contact:**

It is important to provide the details of a second contact in the event that we are unable to make contact with you.

**Please enter your initials below to confirm that approval has been given by your emergency contact for their details to be held by Croydon Council and/or private contractor undertaking transport on Croydon’s behalf and their agreement is given for the council or contractor to contact them if required.**

**Signature ……………………………………………..**

Title:............ First name: ………………………….. Last name: …………………………...

Relationship to pupil: ……………………………………………………………………………….

**Emergency Contact Address:**

If the address is the same as pupils please tick here (and leave this section blank) [ ]

House Number/ Name: ………………………………………...

Address 1: ………………………………………...

Address 2: ………………………………………...

Town/ City: ………………………………………...

Postcode: ………………………………………...

**Contact telephone numbers:**

Mobile: ………………………………………... Other: ………………………………………...

**4. Parent/ carer support**

Are you in receipt of the maximum level of Working Tax credit? [ ]  Yes [ ]  No

*If yes please enclose the most recent copy of the tax credits award notice from HMRC.*

Are you in receipt of Free School meals? [ ]  Yes [ ]  No

Do you or your partner drive? [ ] Yes [ ] No

Do you or your partner currently have access to a car? [ ] Yes [ ] No

Does your child require a passenger assistant? [ ]  Yes [ ] No

*Please provide evidence, such as a letter from the school or a medical professional. A passenger assistant will only be considered where they are necessary for the safe operation of vehicles and/or the care of children or young people.*

Has your child been previously provided with a travel assistant? [ ]  Yes [ ] No

*Please provide evidence such as a letter from the school or a medical professional.*

Can you or someone you know act as a passenger assistant? [ ]  Yes [ ] No

Please explain what prevents you or your partner from taking your child to school. If you or your partner have a disability which makes it unreasonably difficult for you to do so, please enclose evidence to this effect (e.g., a current letter from a GP or medical consultant).

……………………………………………………………………………………...………………….

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Please explain the reasons why your child is unable to travel from home to school. This should detail their special educational needs/disability which prevents them from travelling safely accompanied by an adult.

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Please describe what steps have been taken towards providing independent travel for your child (e.g. independent travel training or support groups attended, use of accessibility equipment, sharing transport with others etc.).

……………………………………………………………………………………………………….

 ………………………………………………………………………………………………………

Has your child attended Croydon Bus Day (monthly training designed to help people with SEND to feel more confident when using the bus)? [ ]  Yes [ ]  No

If you are interested in more information about the Bus Day please tick here: [ ]

In some cases the council may offer you monthly monetary payments (Personal Transport Budget) **instead of transport** to give you the flexibility to make travel arrangements that are best suited to you and the child. Generally the personal budget is paid at 0.60p per mile for four daily journeys.

If you are interested in a personal transport budget please tick here: [ ]

|  |
| --- |
| **5. Pupil’s Needs**Does your child have an Education Health and Care Plan? [ ]  Yes [ ]  NoPlease tick as appropriate any of the following that apply to your child and provide details: |
| **Child’s Needs:** |  | If you have ticked yes, please provide additional information. |
| Emotional and behavioural difficulties | Yes[ ]  | No[ ]  |   |
| Autistic Spectrum Disorder | Yes[ ]  | No[ ]  |   |
| Communication difficulties | Yes[ ]  | No[ ]  |   |
| Speech and language difficulties | Yes[ ]  | No[ ]  |   |
| Physical disabilities | Yes[ ]  | No[ ]  |   |
| Hearing impairment | Yes[ ]  | No[ ]  |   |
| Visual impairment | Yes[ ]  | No[ ]  |   |
| Learning difficulties | Yes[ ]  | No[ ]  |   |
| Breathing difficulties | Yes[ ]  | No[ ]  |   |
| **Medical conditions: Does your child have additional medical needs?** | Yes[ ]  | No[ ]  |   |
| Does your child have epilepsy? | Yes[ ]  | No[ ]  |  |
| Does your child require suctioning? | Yes[ ]  | No[ ]  |  |
| Does your child have any allergies? | Yes[ ]  | No[ ]  |  |
| Does your child have Asthma? | Yes[ ]  | No[ ]  |  |
| Is your child ever incontinent? | Yes[ ]  | No[ ]  |  |
| Does your child suffer from travel sickness? | Yes[ ]  | No[ ]  |  |
| Does your child need to carry medication on transport, if so please provide full details. | Yes[ ]  | No[ ]  |  |
| **Does your child require emergency medication? If so please provide full details as requested below:** | Yes[ ]  | No[ ]  |  |
| Does your child have any other medical condition which our operators need to be aware of? | Yes[ ]  | No[ ]  |  |
| **If your child has epilepsy, or another condition which operators need to be aware of, please provide the following information.** **If emergency medication or other treatment is to be provided (particularly if Rectal Diazepam or Buccal Midizolam is indicated) then, for the safety of the passenger, we will need to provide training to a passenger assistant before transport can be provided. Transport will not be provided until any necessary training has been undertaken.** Please detail below:What signs and symptoms are evident when a fit is imminent? What action is a passenger assistant required to take? What treatment is to be provided? What specialist knowledge and skills is a passenger assistant required to have? Please provide a copy of your child's school care/medical plan. Please provide any further information below if necessary. |
| **6. Special Requirements and Mobility:**In most cases, children up to 3 years old MUST use an appropriate child car seat. Children aged 3 and above MUST also use an appropriate car seat until they reach either age 12 or 135cm (4ft 5in) in height. If your child is aged under twelve, please state your child's height and weight so that an appropriate seat can be provided: **This form will be returned to you if you do not complete this section, possibly delaying your application**Height: Weight: Please tick as appropriate any of the following that apply to your child and provide details. |
| **Child’s Needs - is your child able to:** | If you tick yes, please provide additional information where applicable. |
| Climb steps | Yes[ ]  | No[ ]  |   |
| Walk unaided but with some difficulty/requiring assistance | Yes[ ]  | No[ ]  |   |
| Walk without assistance | Yes[ ]  | No[ ]  |   |
|  |
| **Does your child:** | If you tick yes, please provide additional information where applicable. |
| Use a mobility aid to walk? Please provide further details. | Yes[ ]  | No[ ]  |   |
| Need help to get in and out of a vehicle. | Yes[ ]  | No[ ]  |   |
| Use a wheelchair. Please provide make and model and year. | Yes[ ]  | No[ ]  |   |
| Is the wheelchair crash tested for use on transport? | Yes[ ]  | No[ ]  |   |
| Use an adapted Buggie Please provide make and model and year. | Yes[ ]  | No[ ]  |   |
| Are any additional restraints or supports required for your child when travelling? | Yes[ ]  | No[ ]  |  |

**Section 6: Relevant information not detailed above**

Is there any other information that we should know in the interest of your child’s welfare (if Yes please provide details): [ ]  Yes [ ]  No

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**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 application 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 working days with our decision.**