

Application for Travel Assistance for Pupils With Special Educational Needs (SEND)

Guidance Notes

Children aged between 5-16 years

Home to school transport applications for children and young people of compulsory school age who have a Statement of SEN or an Education, Health and Care Plan or have a disability will be considered against the general transport policy.

When applying the general transport policy, if the child or young person is not attending the nearest suitable mainstream school, then the school or designated provision where the authority places the child or young person will become the nearest suitable school for the purposes of this policy. However, if, as a result of parental preference, a child or young person attends a placement that is further away, then transport to that placement becomes the responsibility of the parent.

Those applicants who are not eligible when considered against the general transport policy will have their application assessed by a SEND Transport Panel (the Panel).

The purpose of the panel is to make a decision stating whether or not discretionary transport assistance should be awarded to a child or young person based on all the information presented on the application. The Panel must consider each application on its own merits.

Post 16 learners

Local Authorities have a duty to publish an Annual Transport Policy Statement for Post 16 Learners. It should be noted that Warrington Borough Council does not generally provide transport assistance for students aged 16 and above and therefore any transport that is provided is on a discretionary basis. This discretion allows additional support to be provided to post 16 learners based on the learner's needs.

Pre-school aged children

Warrington Borough Council does not generally provide transport assistance for pre-school aged children and therefore any transport that is provided is on a discretionary basis. Each application will be considered on its own merits by an SEND Transport Panel.

Further information

The Council's policy on the provision of travel assistance and further information is available to view or download on our website www.warrington.gov.uk. If you do not have access to a computer a paper copy can be obtained by contacting the Admissions, Organisation and Transport Team on 01925 442974.

The application form

This form must be completed by parents/carers who wish to apply for travel assistance for pupils with a Statement of Special Educational Need or an Education, Health & Care Plan. The application form should provide as much detail as possible as this information helps inform the assessment panel of your child's and your family circumstances.



What happens next

You will be notified whether your application has been approved or declined within 15 school days. Should your application be approved, a letter will be sent to you informing you that transport assistance will be provided by the Local Authority and will advise you that a member of our Specialist Transport Team will contact you direct in order to determine the most appropriate mode of transport. Should your application be refused, you will be notified in writing giving details of your right to appeal and whom you should send your letter of appeal to. Please note, **up to a period of 15 school days'** notice is required from receipt of an approved application to make transport arrangements.



Application for Travel Assistance for Pupils With Special Educational Needs (SEND)

Please return your completed application form to: Admissions, Organisation & Transport Team, Education Services, East Annexe, Town Hall, Sankey Street, Warrington, WA1 1UH or by email to: sentransport@warrington.gov.uk

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|---|--------------------------|----------------|-----|--|
| Is this a new application? | Yes | | No | |
| Is this application as a result of change in circumstances? | Yes | | No | |
| Child's Details: | | | | |
| Full Name of Pupil: | | | | |
| Male/Female: | Date of Birth: | Year Group: | | |
| Home Address (including postcode): | | | | |
| Names of parents/carers living at the same address: | | | | |
| 1. | | | | |
| 2. | | | | |
| Landline telephone number: | Mobile telephone number: | Email address: | | |
| Name of pre-school/school/college to which travel assistance is requested: | | | | |
| If Post 16, please give details of course/study programme: | | | | |
| Family Circumstances: | | | | |
| We need to be certain that we are providing services for those families who really need them. If your family circumstances prevent you from ensuring that your child gets safely to their pre-school/school/college, please answer the following questions: | | | | |
| Does your child have a Statement of Special Educational Need/Education, Health & Care Plan? | Yes: | | No: | |
| Are you in receipt of Disability Living Allowance: If so, which rate? | Yes: | | No: | |
| Are you in receipt of the maximum level of Working Tax Credit <i>(Please provide evidence of your full Inland Revenue Award Notice)</i> | Yes: | | No: | |
| Is your child entitled to Free School Meals (FSM)? <i>(Entitlement to FSM is taken as a measure of Low Income and therefore impacts on the outcome)</i> | Yes: | | No: | |

| | | | | | | | |
|--|-----|------------|------------------------|--------------|--------|-----|--|
| Does your family have a car? | | | | Yes: | | No: | |
| Can the family car be used to transport the child to/from school in return for mileage payments? (if no, please provide details below) | | | | Yes: | | No: | |
| Has your child received transport assistance before? (if yes, please provide details below, e.g. door to door transport, spare seat, etc) | | | | Yes: | | No: | |
| Do you have to take other children to nursery/primary school? If yes, please provide details below | | | | Yes: | | No: | |
| | | | | School Times | | | |
| Name of Child | Age | Year Group | Nursery/Primary School | Start | Finish | | |
| | | | | | | | |
| Does the parent/carer or other child in the family have a significant medical or physical disability which prevents you from ensuring your child gets safely to their school/college? | | | | Yes: | | No: | |
| If yes, please provide more information (<i>please continue on a separate page if necessary and include with your completed application form</i>): | | | | | | | |
| Please use this space to provide any relevant additional information you think may help the assessment panel when considering your application for Transport Assistance (<i>please continue on a separate page if necessary and include with your completed application form</i>): | | | | | | | |

Student's Needs:

Please tell us here about your child's Special Educational Needs

Does your child have a diagnosis of any of the following?

| | Yes: | No: |
|--|------|-----|
| Emotional/behavioural/social difficulties? | | |
| Learning difficulties? | | |
| Speech and language difficulties? | | |
| Physical and neurological difficulties? | | |
| Visual impairment? | | |
| Hearing impairment? | | |
| Medical condition e.g. epilepsy? | | |
| Other: e.g. Autistic Spectrum Disorder, Attention Deficit Disorder, Downs Syndrome (<i>please state</i>) | | |
| Does your child have any mobility issues which will affect accessing transport? <i>(If yes, please detail):</i> | | |
| In your opinion, is your child able to travel on public transport safely? | | |
| Does your child use public transport at weekends/out of school hours? | | |
| Is your child a Wheelchair user? (<i>If yes, please give details of make/model</i>) | | |
| Manufacturer: | | |
| Model: | | |
| Can he/she transfer to a fixed seat in a vehicle? | | |
| Does your child travel with any medical equipment e.g. Oxygen cylinder or walking frame? If yes, please detail: | | |
| Does your child require any medical support whilst being transported? If yes, please detail: | | |

Other Agencies/Professionals:

Please list any professionals involved with your child and indicate that you are happy for us to contact them for further information if necessary. Please include details of health care professionals, social worker, family support workers, etc.

| Name of Agency/Professional: | Contact Name: | Contact details (<i>telephone/email address</i>) |
|------------------------------|---------------|--|
| | | |

Parent/Carer Declaration:

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 my child'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 my child presents a health and safety risk to themselves, or others, while travelling on the transport
- The Council is trying to make the best use of limited resources and therefore will apply a principle of lowest cost option for any child 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 their child using their own vehicle; a bus pass; mini-bus transport arranged by the Local Authority transporting a number of children; taxi arranged by the Local Authority.

Parent Name: **Relationship to student:**

Signed: **Date:**

For Office Use Only:

Date Received:

Home to School Distance:

Placed by Inclusion or Parental Preference: