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| **Application for Travel Arrangements from Home to School**  **for young people with special educational needs and/or disabilities who are in or about to commence post 16 education**  The qualifying criteria for the provision of travel arrangements for home to schools are set out in Bradford Council’s post 16 policy statement  https://www.bradford.gov.uk/education-and-skills/travel-assistance/post-16-transport-policy-statement/  This form is for young people with special educational need and/or disabilities in post 16 education attending school or college.  **To be eligible for this assistance the learner must be:**   1. Aged 16-19 with an Education Health and Care plan and attending a special school in educational Year 12, 13, 14; or 2. Aged 19-24 with an Education Health and Care plan, having enrolled on the course before their 19th birthday; or 3. Aged 19-24 with an Education Health and Care plan, where the Authority, because of the needs of the student, has deemed it necessary they enrol on a course after their 19th birthday; and  * Attend the nearest college or school 6th form providing facilities and a study programme suitable to their needs * And that school or college is beyond 3 miles from their home   **All eligible applicants** will be assessed for suitability for travel training. If suitable the applicant will be contacted by the Travel Training Team and a formal assessment of suitability will be conducted. If an assessment is declined by the parent/carer travel assistance may cease to be provided.  If you require assistance by way of a bus pass please refer to the West Yorkshire Combined Authority website on the following link [https://www.wymetro.com/schools/statutory-free-school-travel/free-school-travel-in-bradford/](https://www.wymetro.com/schools/statutory-free-school-travel/free-school-travel-in-bradford/%20)  Please read our post 16 transport statement before completing this form on the link below  **Please note there is an annual fee for all eligible post 16 students who are eligible for the transport option** |

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| You should only use this application form if you believe the young person is eligible for travel assistance in accordance with the Council’s policy statement |

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| **How to apply**   * Read the policy. * Complete all of the appropriate sections in full and provide as much information as you can. * State on what grounds you are applying for assistance with travel and explain your reasons. * Let us know it if there is anything that is relevant to the young person’s needs when travelling. * Incomplete information may lead to delay in assessing your application. * Include any extra information you want us to look at. Enclose photocopies of your supporting evidence where necessary. Do not send original documents. We cannot supply photocopies or return original documents. * The declaration on this form must be signed by:      * The parent/carer   Signatories are responsible for the accuracy of the information provided.   * Email the completed form to: [Schooltransport@bradford.gov.uk](mailto:Schooltransport@bradford.gov.uk)   **If you need help to complete this form, please contact Bradford Council Contact Centre on 01274 439450 or speak to the special educational needs coordinator (SENCO) at your school or college.**   * We will return the form to you if: * any part of the application is missing or illegible. * you haven’t given us all the information we need. |

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| **Academic year for which assistance is required** | |
| Tick  September 2025 – July 2026 [ ] | Tick  April 2025 – July 2025 [ ] |
| Requested start date (if authorised): | |

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| **Details of your child** | | | | | | | | |
| Surname |  | First Name |  | | Middle name | |  | |
| Date of Birth |  | Age |  | Male |  | Female | |  |

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| **Please tick if any of the following apply to your child and provide supporting evidence** | Tick |
| My son/daughter has an Education Health & Care Plan.  \*\*\* Please note we will only provide assistance to the nearest qualifying school or college | [ ] |
| **Evidence from your son/daughter’s GP or other qualified medical professional is required in order for your application to be fully assessed by the Transport Team. Transport Assistance will not be provided until a full assessment with appropriate evidence has been completed.**  Please give details of the young person’s special educational needs, disability or mobility problems:  How does this special educational need, disability or mobility problems condition prevent your child from walking to school or college? |  |

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| **The name of the school to which your child would like assistance with transport** | | | | |
| School or college name, address and telephone number | Name:  Address:  Postcode: Telephone number: | | | |
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| Parent/carer name |  | | | |
| Your child’s permanent home address |  | | Home Tel |  |
| Mobile Tel |  |
| Postcode |  | | Email address |  |
| How long you have lived at this address? | |  | | |

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| **Student details** | | | | |
| Will the young person be at least 16 and not older than 19 on 1st September? | Yes |  | No |  |
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| Have you applied to the school for a bursary to help with your transport needs? | Yes |  | No |  |
| Are you currently receiving assistance from the school / college Bursary Fund? | Yes |  | No |  |
| Do you have access to a vehicle (mobility or otherwise) | Yes |  | No |  |

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| **Assessment for suitability for travel training.** |
| **All eligible applicants will be assessed for suitability for travel training from the information made available. If suitable the applicant will be contacted by the Travel Training Team and a formal assessment of suitability will be conducted. If an assessment is declined by the parent/carer travel assistance will cease to be provided**. |

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| **You MUST complete this section. Options for consideration if the young person qualifies for assistance.** |
| If you are able to undertake and successfully complete a course of travel training for the journey to and from school or college the suitable travel arrangement will be a pass for use on public transport. |
| If you are not able to undertake and successfully complete a course of travel training the Council will offer you one of the following options depending on your circumstances.   1. A Bus or Train pass to the appropriate destination. 2. You can claim a payment for travel costs. The amount will depend on your distance to the school or college. Please see the policy for more information. 3. **Available from age 16 to 18 years only**. A travel arrangement by minibus or taxi for which a charge of **£370 per year** will be made. The Offer of a taxi or minibus will ONLY be made if the Council determines that a PTAB is not appropriate to meet the needs of your child.and you have agreed to pay £370 per annum. 4. For those Over 18 who are starting a new course there will be no additional charges if a taxi or minibus is provided. |

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| **If it is decided that transport arrangements will be made, the following information is required to identify your child’s needs and to assess any risks when travelling.**  **Please tick Yes or No to each question and provide details if applicable.** |

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| **Independent Travel** | | | | |
| Is the young person able to walk to school or college unaccompanied? | Yes |  | No |  |
| Is young person able to walk to school or college accompanied by an adult? | Yes |  | No |  |
| Can he young person recognise the dangers of crossing the road? | Yes |  | No |  |
| Is the young person able to use a light controlled and / or pedestrian crossing? | Yes |  | No |  |
| Can the young person learn to remember routes and directions? | Yes |  | No |  |
| Is the young person able to travel independently on public transport? | Yes |  | No |  |
| Is the young person able to read a bus number / destination? | Yes |  | No |  |
| Is the young person able to negotiate a complex journey, involving a change of transport mode en route? | Yes |  | No |  |
| Is the young person able successfully to deal with service disruption en route? | Yes |  | No |  |
| Is the young person able to request help from an appropriate source? | Yes |  | No |  |
| Is the young person able to maintain their own personal safety? | Yes |  | No |  |
| Is the young person able to deal appropriately with strangers? | Yes |  | No |  |
| Does the young person already travel independently (e.g. to town at the weekends) | Yes |  | No |  |

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| Mobility | | | | |
| Is the young personable to: | | | | |
| Walk unaided with little or no difficulty? | Yes |  | No |  |
| Climb steps? | Yes |  | No |  |
| Walk unaided with some difficulty? | Yes |  | No |  |
| Walk with assistance? | Yes |  | No |  |
| Does the young person: | | | | |
| Use a mobility aid to walk? | Yes |  | No |  |
| Have difficulty accessing a vehicle? | Yes |  | No |  |
| Need help to get into, or out of a vehicle? | Yes |  | No |  |
| If you have answered yes to any question relating to mobility, please give further details: | | | | |

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| Will the young person need to take any of the following mobility aids on transport: | | | | |
| Crutches? | Yes |  | No |  |
| Posture walker? | Yes |  | No |  |
| Rigid frame? | Yes |  | No |  |
| Foldable frame? | Yes |  | No |  |

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| Is the young person a wheelchair user? | | | | | | | Yes |  | No |  |
| Does the young person have to travel in the wheelchair? | | | | | | | Yes |  | No |  |
| **Type:** | Wheelchair |  | Crash-tested Buggy |  | Scooter |  |  | | | |
| **Size:** | Small |  | Medium |  | Large |  |  | | | |
| **Operation:** | Manual |  | Electric |  |  | | | | | |
| What is the make? | | | | What is the model? | | | | | | |
| Details of any attachments: | | | | | | | | | | |
| **Is the young person able to transfer from their wheelchair to a seat in a vehicle independently, can they do this without assistance: Yes No** | | | | | | | | | | |
| On their own? | | | | | | | Yes |  | No |  |
| With help? | | | | | | | Yes |  | No |  |

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| **Does the young person require any special seating for travelling?** | | | | | | | | | Yes |  | No |  |
| **Type:** | Baby |  | Child |  | Booster |  | Standard |  |  | | | |
| Give details: | | | | | | | | | | | | |

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| Does the young person need any specialist equipment to be transported?E.g. suction machine, oxygen etc. | Yes |  | No |  |
| Give details: | | | | |

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| **Communication** |

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| Understanding: Does the young person have difficulty following simple safety instructions? | Yes |  | No |  |
| Give details: | | | | |

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| Hearing: Is there a level of impairment? | | | | | Yes |  | No |  |
| Give details: | | | | | | | | |
| Does your child use sign language? | | | | | Yes |  | No |  |
| BSL |  | Makaton |  | Other, give details: | | | | |
| Visual: Is there a level of impairment? | | | | | Yes |  | No |  |
| Give details: | | | | | | | | |

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| **Speech: Does the young person have clear/verbal speech?** | Yes |  | No |  |
| Give details: | | | | |
| **What system do you use to communicate?** | | | | |
| Give details: | | | | |

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| **Physical Needs** |

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| Pain:Are there implications for the way the young person is handled? | Yes |  | No |  |
| Give details: | | | | |

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| History of Falls: Are there any problems? | Yes |  | No |  |
| Give details: | | | | |

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| Handling: Are there any special arrangements for handling? | Yes |  | No |  |
| Give details: | | | | |

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| Incontinence:Will the young person require special arrangements? | Yes |  | No |  |
| Give details: | | | | |

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| **Health Needs and Medical Conditions** |
| If the young person’s health or medical condition will be an issue when travelling, please give details below.  Include any actions that should be taken and what, if any, warning signs we need to be aware of. |

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| Breathing: Are there any breathing difficulties or chest/heart problems? | Yes |  | No |  |
| What action should be taken? | | | | |

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| Seizures:Does the young person have epileptic seizures?e.g. epilepsy, diabetic, oxygen deprivation. | Yes |  | No |  |
| How often? | | | | |
| When was the last one? | | | | |
| Generally, how long do seizures last? | | | | |
| What are the warning signs? | | | | |
| What action should transport staff do to assist your child when having a seizure? | | | | |

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| **Allergies: Does the young person have any allergies?** | Yes |  | No |  |
| Give details: | | | | |

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| **Medication:** Please note that drivers and escorts are unable to administer medicines or offer medical treatment. | | | | |
| Does the young person have a medical condition that means they might need medical treatment whilst they are travelling to and from school? | Yes |  | No |  |
| If yes, you **must** give details: | | | | |
| Does the young person need to carry any medicines with them (e.g. Epipen or Inhaler)? | Yes |  | No |  |
| If yes, give details. | | | | |

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| **Presenting Behaviours and Anxieties** |

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| Fears/Phobias:Does the young person have any fears or phobias that relate to travelling? | Yes |  | No |  |
| Give details: | | | | |

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| **If yes, please give a description of the young person’s current presenting behaviour/s:** | | | | | | | | | |
| **Frequency of most behaviour:**  Include the frequency of any given behaviour(s) in a period of: | | | | | | | | | |
| ½ hourly |  | Hourly |  | In am/pm |  | Daily |  | Weekly |  |
| Describe what prompts the behaviour to occur whilst travelling: | | | | | | | | | |
| Describe any early warning signs: | | | | | | | | | |
| Describe any high risk situations: | | | | | | | | | |

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| Describe any behaviour management techniques in use: | Yes |  | No |  |
| Give details: | | | | |
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| **The Journey** |

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| Is there anything about the young person that affects his/her safety when travelling that we should be aware of? e.g. child likely to undo seat belt, proximity to others etc. | Yes |  | No |  |
| Give details: | | | | |

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| Any special handover arrangements? | Yes |  | No |  |
| Give details: | | | | |

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| Is there anything that can be done to help the young person if distressed? | Yes |  | No |  |
| Give details: | | | | |

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| Please provide any other relevant information we should be aware of when making a travel arrangement for the young person: |

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| **Contact Details and Emergency Procedures** |

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| **Emergency Address: It is your responsibility to ensure you are at home to receive your son/daughter . If, in the event of a genuine emergency due to unforeseen and unavoidable circumstances, there should be no-one at home an arrangement can be made to take them to an alternative address. Please give details of a person who has agreed to look after your child until you are able to collect them. – The address must be local.** | | | |
| Name |  | Relationship to child |  |
| Address |  | Home Tel |  |
| Postcode |  | Mobile Tel |  |

GDPR Data Protection – Please be aware that the information you supply on this form will be used to assess eligibility for assistance with travel to school. It will be recorded on computer (including a photograph if required) and, if successful, may be shared with Metro and external suppliers of transport. All data will be held in accordance with the Data Protection Act 2018.

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| **Declaration by Parent/Carer** | | | |
| **Your signature applying for assistance with travel is taken as your acceptance of the following:**   * I confirm the information on this Application Form is correct, complete and based on appropriate professional medical and behavioural advice. * I have enclosed the extra information and supporting evidence I want you to consider. * I accept that assistance will be given in accordance with Bradford Council's Policy for Home to School Transport Arrangements Refer to Post 16 policy * I agree this information may be shared with the West Yorkshire Passenger Combined Authority (Metro) and with their supplier of travel passes. * I will inform Bradford Council’s Transport Service Assessment Team immediately of any changes relevant to this application. * I accept that Bradford Council may withdraw assistance with travel if my circumstances change and my son/daughter no longer meets the criteria set out in Bradford Council's Policy for Home to School Transport Arrangements. * I agree understand that Bradford Council may remove or change transport assistance temporarily or permanently in cases of behaviour that causes a risk to the health and safety of any person(s). | | | |
| **[ ] I have parental responsibility for the pupil named in this application form**  **[ ] I am a representative of the family and have consulted them on the contents of this form and confirm that I am authorised to sign on their behalf.**  **If you are completing this form on behalf of a parent/carer it is your responsibility to ensure the family fully understand the contents of this application form.**  Signatories are responsible for the accuracy of the information provided. | | | |
| **Print full name** |  | **Relationship to child** |  |
| **Signature** |  | **Date** |  |

If you are unable to email your form, please send it to **Travel Assistance Service, 3rd Floor, Britannia House, Hall Ings, Bradford BD1 1HX**