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| **Application for Free Travel Arrangements from Home to School**  **for Children with special educational needs and/or disabilities and/or mobility problems of Statutory School Age (5-16)**  The qualifying criteria for the provision of free travel arrangements from home to schools are set out in Bradford Council’s  “Home to school transport policy for children of compulsory school age"  Please refer to the Council policy for more detail as to how eligibility is met <https://www.bradford.gov.uk/education-and-skills/travel-assistance/assistance-with-travel-to-home-school-and-college/>  **Please only use this form if you are applying for assistance for the following reasons:**   * My child has special educational needs and/or disabilities and/or mobility problems * The walking route to school is unsafe * Parental disability * Temporary accommodation - the family is fleeing domestic violence; the family is evicted from the family home; or the child is staying with a relative because the parent is in hospital   **Please do NOT complete this form if you require assistance by way of a bus pass for the following reasons**   * Distance from home to school * Low income – free school meals or maximum working tax credits * Religion or belief   **Please refer to the West Yorkshire Combined Authority website where you can find an application form.**  [**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) |

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

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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 and you must provide evidence of your child’s needs. Failure to provide evidence will result in a delay in the assessment of your application * 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 your child’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 return any documents you send us * The declaration on this form must be signed by: * The parent/carer OR * An appropriate member of the school to which the child is admitted and registered.   Signatories are responsible for the accuracy of the information provided.   * Email the completed form to: [Schooltransport@bradford.gov.uk](mailto:Schooltransport@bradford.gov.uk) * 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.  **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.** |

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| **Academic year for which assistance is required** | |
| Tick  April 2025 – July 2025 [ ] | Tick  September 2025 – July 2026 [ ] |
| 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 child has special educational needs, disability and/or mobility problems.  \*\*\* Please note we will only provide assistance to the nearest qualifying school or the school named in your child’s education health and care plan. | | [ ] |
| Evidence from your child’s GP or other qualified medical professional is required in order for your application to be fully assessed by theTravel Assistance Service . Transport Assistance will not be provided until a full assessment with appropriate evidence has been completed.  Please give details of the 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? | |  |
| **The nature of the route that my child would have to walk to school means that the journey would be unsafe.**  Please refer to Bradford Council’s Policy for Home to School Transport Arrangements 2021-2022 for full details | | [ ] |
| **I have a disability and am unable to take my child to school.**  If both parents/carers have a disability and are unable to take their child to school supporting evidence from a medical professional about each parent or carers’ disability must be provided if it is to be taken into consideration. Please refer to our home to school transport policy for compulsory school age for further details. | | [ ] |
| **My child is entitled to free school meals.**  **My child is staying with a relative because I am in hospital and am unable to take my child to school.** Please give details below including diagnosis and approximate hospitalisation time scales.  **My family is fleeing from violence.**  Please provide details.  **My family is temporarily being re-housed due to eviction.**  Please give details including time scales for permanent housing to be arranged | [ ]    [ ]  [ ]  [ ] | |
| **In each case supporting evidence is required if it is to be considered as part of the application. Please note that statutory distance criteria are used to determine eligibility.** | | |

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

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| **If it is decided that free travel 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** |

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

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| Mobility | | | | |
| Is your child able 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 your child: | | | | |
| 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 your child 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 your child a wheelchair user? | | | | | | | Yes |  | No |  |
| Does your child 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: | | | | | | | | | | |
| **If your child is a wheelchair user who can transfer to a seat in a vehicle, can they do this:** | | | | | | | | | | |
| On their own? | | | | | | | Yes |  | No |  |
| With help? | | | | | | | Yes |  | No |  |

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| **Does your child require any special seating to travel?** | | | | | | | | | Yes |  | No |  |
| **Type:** | Baby |  | Child |  | Booster |  | Standard |  |  | | | |
| Give details: | | | | | | | | | | | | |

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| Does your child 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 your child 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 your child have clear/verbal speech?** | Yes |  | No |  |
| Give details: | | | | |
| **What system do you use to communicate with your child?** | | | | |
| Give details: | | | | |

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| **Physical Needs** |

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| Pain: Are there implications for the way your child 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 your child require special arrangements? | Yes |  | No |  |
| Give details: | | | | |

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| **Health Needs and Medical Conditions** |
| If your child’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 your child 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 your child 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 your child 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 your child 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 your child have any fears or phobias that relate to travelling? | Yes |  | No |  |
| Give details: | | | | |

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| **If yes, please give a description of your child’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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| **How can your child be protected?** |
| Give details: |

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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 your child 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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| Are there any special handover arrangements? | Yes |  | No |  |
| Give details: | | | | |

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| Is there anything that can be done to help your child 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 your child: **If eligible for Travel Assistance would you like to take your child to and from school?**  If your child is eligible for assistance we may offer a personal travel assistance budget based on a mileage allowance of £0.45 per mile to allow you to make your own travel arrangements for your child, provided that it is more cost effective. **Please tick the box if you wish us to consider this travel option [ ]** Please note this is reviewed on a regular basis and may change. |
| **Contact Details and Emergency Procedures** |

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| **Emergency Address: It is your responsibility to ensure you are at home to receive your child. 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 your child 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 and 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 or reprehensive of the child** | | | |
| **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 * 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 child no longer meets the criteria set out in Bradford Council's Policy for Home to School Transport Arrangements 2021-2022 * 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 responsible 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. | | | |
| **Name of Parent/carer/nominated officer completing this form** |  | **Relationship to child** |  |
| **Signature** |  | **Date** |  |

If you are unable to email your form, please send it to **Travel Assistance Service, Margaret McMillan Tower, Princes Way, Bradford BD1 1NN**