



DERBY CITY COUNCIL

CONFIDENTIAL when completed

# Request for enhanced travel assistance

Please return to: Carrie Bria, Children and Young Peoples Directorate, Commissioning Team, 2<sup>nd</sup> floor, The Council House, Corporation Street, Derby. DE1 2FS

This form should be used to highlight where a student has special transport needs. Not all children with special educational needs will have special transport needs. Derby City Council is committed to promoting sustainable independent travel for young people.

Sections 1-4 should be completed by parent/carer with the assistance of the Special Educational Needs Co-ordinator (Section 6 by the SENCO only)

Section 1 – Student’s Information	
Is this a new application or a renewed application?	New application <input type="checkbox"/> Review application <input type="checkbox"/>
Student Name	
Date of Birth	
Address	
Postcode	
Telephone number	
Parent/guardian’s name	
Has the student a statement of special educational needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the student a child in care?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide details of Social Worker: .....
Is the child eligible for Free School Meals (FSM) or do you receive the maximum level of Working Tax Credit (WTC)?	Yes – FSM (evidence attached) <input type="checkbox"/> Yes – Maximum WTC (evidence attached) <input type="checkbox"/> No <input type="checkbox"/>

**Section 2 – Travel Information**

School Name					
School Address					
Postcode					
Telephone number					
Frequency of travel	Day pupil <input type="checkbox"/>	Weekly boarder <input type="checkbox"/>	Residential <input type="checkbox"/>		
Period of attendance	Start date:	Finish date:			
Times of attendance	Start time:	Finish time:			
Days attending:	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>

**Section 3 – Reasons enhanced transport is required**

a) Why do you need enhanced assistance and why you are unable to take your child to school?

Tell us what we could do to enable you to take your child to school.

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b) Child has long term medical condition with restricted mobility (please describe and attach medical evidence).

c) Child has sensory impairment needs (please describe and attach medical evidence).

d) Child has cognitive abilities associated with severe learning disabilities (please describe and attach medical evidence).

e) Child has extreme social and/or emotional immaturity (please describe and attach medical evidence).

f) Other exceptional circumstances (please describe and attach evidence)

**Section 4 – Additional information**

If the student has restricted mobility (as detailed in section 3a), how far are they able to walk?  
(note: 500metres = 0.3miles)

.....metres/miles\*  
(\*delete as appropriate)

Can the student walk if accompanied?

Yes  No

Does the student:

- use a wheelchair?

Yes  No

- travel in a wheelchair?

Yes  No

If yes, please give details including **type, make and model**

Does the student travel with other equipment?

Yes  No

If yes, please give details.

Can the student travel on public transport:

- Unassisted?

Yes  No

- With assistance?

Yes  No

- If 'with assistance', what assistance do they need?

- If they cannot travel on public transport, please outline why.	
We are currently trialling a scheme where we provide a free adult bus pass when accompanying a child with SEN to school. Do you want free adult and child bus passes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, why not?	
Would the student benefit from independent travel training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe any assistance required from home to the vehicle or en route. Include anything which would cause a problem that would cause discomfort to you or fellow travellers.	
Does the student qualify for the mobility component of Disability Living Allowance?	Yes – lower rate <input type="checkbox"/> } please attach Yes – higher rate <input type="checkbox"/> } DLA Award notice No <input type="checkbox"/>
Do you have a vehicle for the benefit of the student under the Motability scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you take your child to school the Council may reimburse your petrol cost. Do you want to take your child and claim	Yes <input type="checkbox"/> No <input type="checkbox"/>

petrol reimbursement at 45p per mile?	
If not, why not?	

Section 5 - Declaration			
I declare all the information I have provided is true and I understand that the Council may liaise with other professional where appropriate to ascertain the accuracy of this information. If the information is found to be false it could result in the student losing their allowance to this transport.			
Parent/Carer signature		Date	
Parent/Carer name			

Section 6 - Statement by the school's Special Educational Needs Co-ordinator			
I certify that the details included on this form are correct to the best of my knowledge.			
The provision of enhanced transport assistance for this pupil is essential for their education.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
SENCO signature		Date	
SENCO name		Telephone number	

Have you attached:

- DLA Letter of Entitlement (dated within last 12 months)?
- Free school meals/Working Tax Credit award notice?

Please return this form to:

Special Educational Needs: 2<sup>nd</sup> floor, The Council House, Corporation Street, Derby.  
DE1 2FS

This form will be used for the assessment for enhanced transport provision and parents will be informed of the outcome.

If enhanced assistance is granted, it will be for the current academic year only.