

Travel Assistance Application for School aged Children / Young People with Additional Support Needs

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING FORM

Dundee City Council, with its Community Planning partner, shares a vision that all children and young people will be safe, enjoy good health and have access to a wide range of experiences and opportunities to achieve their potential.

Parents and carers have a responsibility to ensure that their child/young person attends school including providing their required travel arrangements.

Dundee City Council may however, provide travel assistance for eligible school aged children/young person who meet the distance criteria, and who have additional support needs that prevent them from travelling accompanied as necessary.

Authorised travel assistance may be provided in a number of forms as determined by Dundee City Council in accordance with the Travel Assistance Policy;

- Escorted Walking
- Escorted / non escorted transport by local bus service
- Parental Contract
- Escorted / non escorted Minibus (wheelchair accessible where necessary)
- Escorted / non escorted Taxi (wheelchair accessible where necessary)

In order for an appropriate assessment of your child's needs is carried out please complete all sections of the form and ensure the completed document is returned to the address below by 16 February 2018. If the document is not completed and returned by the due date this may delay assessing the application form.

The completed form should be returned to:

Children and Families Service Floor 2 50 North Lindsay Street DUNDEE DD1 1NL

or emailed to: educationhometoschooltransport@dundeecity.gov.uk

Section 1: Personal details			
Child/ young person details			
Surname	Forename		Known As
Male Female	Date of Bir	th (please use the format Day,	/Month/Year)
Harman (5 Hardana in discount	.4-)		
Home address (Full address including postco	ode)		
		Postcode	
Date moved to this address (please use the	format Day/Month/year)		
Primary Parent/ Carer details			
Title (please tick)			
Mr Mrs	Miss Ms	Other	
Surname	Forename		Known As
Parent or Carers principal home address (Fu	Il address including postcode)		
If home address is the same as the child/y	roung person principal home add	ress write: "As Above"	
		Postcode	
Email (one character per box)			
Daytime Telephone Number		Alternative Telephone Number	er
Relationship to child/ young person (please	tick)		
relationship to child, young person (please			
Mother Father		Other (please specify)	
Emergency contact (Your emergency contact		ourself, who lives in Dundee	
Emergency contact name (Other than prima	ry contact details)		Daytime Telephone number
Address (Full address including postcode)			
Relationship to child/young person			

Section 2: Educat	ional Establishment										
Please give the full name of the School your child/young person will be attending											
					1						
Estimated mileage d	istance to the attendi	ng school									
Telephone Number											
Date of your child/ y	oung person admissio	on to the sch	nool (please	e use the f	ormat Day/	Month/ Ye	ar)				
Please state the scho	ool year your child/ yo	ung person	will be in s	should you	ır travel assi	stance app	olication be	e authorised	d (Please tid	ck)	
P1 P2	P3 P4	P5	P6	P7	S1	S2	S3	S4	S5	S6	
Please tick all that is	applicable.										
							.,				
is this your child/ yo	ung person's first enro	olment at D	undee City	Council sc	:nool?		Yes		No		
Is this the nearest sc	hool of its type to you	ır home add	dress?				Yes		No		
If no, did you apply for a place at your catchment school Yes No											
Please give a reason	why your child/young	g person is a	attending th	nis school							
	Parent/Carer placing	request									
	Catchment										
Religious / Denomination											
Placement by Children and Families Service											
	Other (Please give o	etails, prov	iding evide	nce where	e appropriat	e					
The Journey (Curren	it School)										
Could your child/young person travel to school by any of the following means: (please fill each box Y or N)											
Walk unaccompanie	d Walk ac	companied		Bus	F	Parent driv	es	Fami	ly friend/ca	nrer drives	
If no, please give a re	eason										

Section 3: Children/young person with Addition	nal Support Needs and/ or medical conditions		
Please give reason why you are requesting assists	ance with travel		
Do any other siblings/children who are residing a	t the principal home address attend school		Yes No
If Yes, how many			
What is the age of this child?			
Name of child			
Which school do they currently attend?			
What is the age of this child?			
Name of child			
Which school do they currently attend?			
What is the age of this child?			
Name of child			
Which school do they currently attend?			
Please explain why you or a responsible person p	prevents you accompanying your child / Young person to so	hool.	
Do you or your partner have work commitments	that prevent you from taking your child to school?	Yes	No No
Can another adult take your child / young person	to school	Yes	No No
can allower duals take your clind / young person	33.30		

Section 4: Children/young person with Additional Support Needs and/ or m	edical conditions continued
difficulty is acknowledged but travel assistance cannot be provided unless the	ren with ASN to school when they have other siblings to take to other schools. The child with ASN is already eligible for travel assistance based upon mileage and need to school earlier or be accompanied by a nominated friend/family member. Parents
If you have work commitments, who is at home to support your child with trav	el assistance
Has your child/ young person of secondary school age received independent tr	avel training?
That your clinity young person of secondary school age received independent to	aver training:
Yes	No
If no, please explain why	
If your child/ young person is of secondary age would you consent to them rec	eiving independent travel training?
Yes	No
If no, please explain why?	
Please tell us about your child / young person's needs. Does your child / young	person have any of the following?
Complex Learning Needs	Autism
Communication Needs	Deaf/Hearing Impairments
Physical and neurological difficulties Visual impairment	Medical Epilepsy
Other:	

Section 4 (cont): Children/voung person with Additional Support Needs and/ or medical conditions	continued	
lease describe how this affects them when travelling. Please include as much detail. (Note: "Travelli ublic transport, travelling with parent/carer in a private vehicle)	ing" includes walking, acco	ompanied as appropriate, use
pes your child / young person have any medical conditions that affect their mobility?		
es No		
yes, please provide a description		
no, please explain what prevents the child being taken to/from school by a parent/carer		
no, please explain what prevents the child being taken to/nom school by a parent/carer		
Section 5: Family Circumstances		
mily circumstances form an important part of the council identifying the most suitable and appropist value and supports a sustainable solution. Please answer the following questions as part of all a		
se value and supports a sustainable solution. Fields answer the following questions as part of an a	pplications for traverassis	turice.
	NEG.	Lug.
Does your child/young person have a child's plan?	YES	NO
Do you or your partner have a car?		
you or your partiter have a car:		
Do you or your partner have a car that could be used to take your child to/from school? Do you have a Motability vehicle for your child?		
Do you or your partner have a car that could be used to take your child to/from school?		
Do you or your partner have a car that could be used to take your child to/from school?		

Section 6: Professional medical & se	ocial care details
Please include contact details of key r	nedical professional involved with your child/ young person's care in support of this application
Authorised Travel Assistance may be	provided in the form of a personal budget
The following section must be comple	eted in instances where medical or social service supporting evidence is required
If no medical evidence is given this m	nay result in a delay for any decision made for Travel Assistance.
Name of medical professional	
Department	
Email	
Contact telephone number	
Do you have an allocated social work	er? Yes No
If yes, please provide their full name a	
Г	
Social worker name	
Telephone number	
School head teacher	
Telephone number	
LOOKING AFTER YOUR PERSONAL DA	ATA- DATA PROTECTION ACT 1998
The personal information you provide	e will be held by Dundee City Council
	by the council for the following purpose:
·	I assistance your child/young person requires for them to be able to maintain and lead a healthy independent lives.
	/young person may be shared with the following parties in connection with the aforesaid purposes:
-Children and Families Serv	vice Team
- Sustainable Transport Te	am
- Driver/ Escort	
•	prevention and detection of fraud or for the collection of outstanding debt. It may be shared with either Government Work and Pensions, HMRC and third party organisations such as Sheriff Officers, Solicitors and Credit Reference Agencies.
· · · · · · · · · · · · · · · · · · ·	Legal Manager and Data Protection Officer if you have any questions about our Data Protection Policy or the information egal Manager and Data Protection Officer, Corporate Services, 21 City Square, Dundee, DD1 3BY or telephone number
Section 7: Declaration	
or deliberately misleading information invalid. If I receive financial assistance	el assistance. I certify that the information given is true to the best of my knowledge and belief. I understand that any false in given on this form and/or supporting documents, or any relevant information withheld, may render this application is based upon false or deliberately misleading information and/or do not inform Dundee City Council of any changes in intitlement to travel assistance, I may be liable for any costs incurred.
If you do not include all relevant infor	mation it will delay in any decisions made for travel assistance.
Signature of parent/ carer	Date
Name of parent/carer (please print na	ame)

Office use only- request authorisation								
	This see	ction of the f	orm is to be o	completed by	an officer fro	om Children a	nd Families Se	<u>ervice</u>
Form received by:						Date: _		
Transport					Appro	ved:		
						Refused:		<u></u>
Comments:						7		
L								
	3.1.3	3.1.4	3.1.7	3.1.8	3.1.9	3.2.1	3.3	
	3.1.3	3.1.4	3.1.7	3.1.0	3.1.5	3.2.1	3.3	
Escort:	_					Approved		_
						Refused		
Comments						7		
Signature of authorici	ing officer					Data		
Signature of authorisi	ing officer					Date		
Print name								
Decision date						Review da	ate	