Travel Assistance Application for Children and Young Persons with Additional Support Needs

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING FORM

Dundee City Council is committed to ensuring that every child and young person in Dundee leads independent, healthy lives, feeling safe and secure and achieving their full potential.

Dundee City Council will also make particular travel arrangements for eligible children and young person with an Additional Support Need (ASN), taking into account their mobility needs and any associated health issues related to their ASN or disability.

Parents and carers have a responsibility to ensure that their children attend school including providing their required travel arrangements. Dundee City Council however, will provide travel assistances if the distance criteria is met, or children/young person lives within the above distances but have additional support needs that prevent them from travelling accompanied as necessary to their catchment school.

Travel assistance is provided in a number of forms and this application will be used to determine the most appropriate travel provision.

As you will see there is a new application form that will be to assist us in deciding the most appropriate form of travel assistance that we can give to your children in order that they may be able to lead healthy independent lives.

In order for us to do this, please complete all relevant sections of the form and ensure the completed document is returned to the address below by 12 May 2017. Failure to do this will lead to us having to return the form for completion.

The completed form should be returned to:

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

or email: angela.fairweather@dundeecity.gov.uk

Travel Assistance Application for Children and Young Persons with Additional Support Needs

Section 1 *Personal details*

Childs details

Childs surname

Forename

Known As

Male

Female

Childs date of birth (please use the format Day/Month/Year)

DD MM YY

Childs home address (Full address including postcode)

Postcode

Date moved to this address (please use the format Day/Month/Year)

DD MM YY

Parent/Carers details

Title (please tick)

Mr Mrs Miss Ms Other

Surname

Forename

Known As

Parent or Carers principal home address (Full address including postcode)
(If home address the same as childs principle home address write: "**As Above**")

Postcode

Email (one character per box)

Daytime Telephone Number

Alternative Telephone Number

Relationship to child (please tick)

Mother Father Other (please specify)

Emergency contact (Your emergency contact **must** live in Dundee City boundaries)

Emergency contact name

Daytime Telephone Number

Address (full address including postcode)

Postcode

Relationship to child (please specify

Section 2 *Educational Establishment*

Please give the full name of the school/Nursery your child currently attends

please provide the full address, including postcode

Postcode

Telephone Number

Date of your childs admission to the school/nursery (please use the format Day/Month/Year) DD MM YY

Please state the School year the child will be in should your travel assistance application be authorised (Please tick)

N1	N2	P1	P2	P3	P4	P5	P6	P7	S1	S2	S3	S4	S5	S6

is this your child's first enrolement at a dundee city council nursery. ☐ Yes ☐ No

Is this your child's first enrolement at Dundee city council school. ☐ Yes ☐ No

Is this the nearest school/nursery of its type to your home address ☐ Yes ☐ No

If no,did you apply for a place at your catchment school/nursery. ☐ Yes ☐ No

Please give the reason why your child is attending this school/nursery

☐ Catchment

☐ Religious/denominational

☐ Placement by Children families Services

☐ Parent/carer placing request

☐ Other (please give details, providing evidence where appropriate)

The Journey (Current School/Nursery)

How does your child travel to school/nursery

☐ Walk unaccompanied ☐ Walk accompanied ☐ Bus ☐ Parent drives ☐ Family friend/ carer drives ☐ DCC Transport

Other (please specify)

Does your child attend school/nursery ☐ full time ☐ part time ☐ a.m. ☐ p.m.

If you/carer/family friend accompany your child, please state frequency (please tick) ☐ Daily ☐ Weekly ☐ Termly ☐ Other (please specify)

How much does each return journey cost?

Section 3 *Children/young person wth Additional Support Needs and/or medical conditions*

Please give reasons why you are requesting assistance with travel

Do any other siblings/children reside at the principal home address attend School/Nursery ☐ Yes ☐ No

If Yes, how many ☐

What are the ages of these children ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Are you able to take your child to school/r nursery ☐ Yes ☐ No

If no, please explain what prevents you or your partner from taking or accompaning your child to school

If you or your partner has a significant long term medical or physical disability which prevent you from ensuring your child gets to school safely, please provide appropriate evidence

Can another adult take your child to school/nursery (please tick) ☐ Yes ☐ No

If no, please explain why

Has your child received training to travel to school independently? ☐ Yes ☐ No

If no, please explain why

Please tell us about your childs needs. Does your child have any of the following:

Complex Learning Needs			Autisim	
Communication Needs			Deaf/Hearing Impairment	
Physical and neurological difficulties			Medical	
Visual impairment			Epilepsy	

Other:

Please describe how this affects them when travelling Please include as much detail and protocol as possible

Does your child have any medical conditions that affect their mobility ☐ Yes ☐ No

If Yes, please provide a description of the medical/ equipment/ protocols that are in place

Section 4 *Family Circumstances*

Family circumstances form an important part of the council identifying the most suitable and appropriate means of authorised travel assistance that represents best value and supports a sustainable solution. Please answer the following questions as part of **all** applications for travel assistance.

Does your child have a child's plan? ☐ Yes ☐ No

Do you or your partner have a car? ☐ Yes ☐ No

Section 5 *Professional medical & social care details*

The following **must** be completed in instances where medical or social service supporting evidence is required

Please include contact details of key medical professional involved with your childs care in support of this application

Name of medical professional

Department

Email

Contact telephone number

Do you have an allocated social worker

If yes, please provide their full name and contact details

Social workers name

Telephone number

School Head teacher

Telephone number

LOOKING AFTER YOUR PERSONAL DATE - DATA PROTECTION ACTION 1998

The personal information your provide will be held by Dundee City Council.

The personal information will be used by the Council for the following processes:

Assessing the most appropriate travel assistance your child/young person requires for them to be able to maintain and lead healthy indepependent lives.

Information about you and your child may be shared with the following parties in connection with the aforesaid purposes:

- Children's Family Services Team
- Sustainable Transport Team
- Driver/Escort

Your information may be used in the prevention and detection of fraud or for the collection of outstanding debt. It may be shared with other Government agencies such as the Department for Work and Pensions, HMRC and third party organisations such as Sheriff Officers, Solicitors and Credit Reference agencies.

Please contact Dundee City Council's Legal Manager and Data Protection Officer, Mr Kenny McKaig if you have any questions about our Data Protection Policy or the information we hold about you by writing to the Legal Manager and Data Protection Officer, Corporate Services, 21 City Square, Dundee, DD1 3BY or on telephone number 43577

Section 6 Declaration

I wish to make an application for travel assistance. I certify that the information given is true to the best of my knowledge and belief. I understand that any false or deliberatly misleading information given on this form and/or supporting documents, or any relevant information witheld, may render this application invalid. If I receive financial assistance based upon false or deliberately misleading information and/or do not inform Dundee City Council of any change in circumstances which may affect any entitlement to travel assistance, I may be liable for any costs incurred.

Signature of parent/carer

Date

Name of parent/carer (please print name)

Information supplied will be used for registered purposes under the Data Protection Act 1998

Office use only - request authorisation

This section of the form is to be completed by an officer from Children and Families Service

Form received by: _____ Date: _____

Transport: _____ Approved: _____

refused _____

Comments:

Escort: _____ Approved _____

Refused _____

Comments:

Signature of authorising officer _____ Date _____

Print name _____

Decision date _____

Review date _____