

## **Application for Travel Assistance Pupils of Compulsory School Age (Reception to Year 11)**

### Notes for Guidance

Please read the relevant part of the Council's "Travel assistance policy for 0-25 year olds in education" (available at [https://www.birmingham.gov.uk/downloads/file/12830/0-25\\_travel\\_assistance\\_policy\\_201920](https://www.birmingham.gov.uk/downloads/file/12830/0-25_travel_assistance_policy_201920)) before completing this form.

Please note in particular that as that document makes clear, the Council's policy is to provide free travel assistance to the categories of eligible children in the Education Act 1996 but not otherwise unless there are exceptional circumstances.

Please complete this form carefully, ensuring all information provided is accurate and that you include everything you want to say in support of your application.

**All applicable sections must be completed or the form will be returned and there will be a delay in processing your application.**

Please email this form to: [travelassist@birmingham.gov.uk](mailto:travelassist@birmingham.gov.uk) or return it to the following address: Travel Assist, PO Box 16541, Birmingham, B2 2DD

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Telephone: 0121 303 4955

Email: [travelassist@birmingham.gov.uk](mailto:travelassist@birmingham.gov.uk)

Website: [www.birmingham.gov.uk/travelassist](http://www.birmingham.gov.uk/travelassist)

## Application for Travel Assistance Pupils of Compulsory School Age (Reception to Year 11)

All fields are mandatory and must be completed, or marked N/A if they do not apply.

Section 1 – Pupil Personal details:			
Surname		Date of birth	
First Name		Gender	
Home Address i.e. the pupil's only or main residence		Post Code	
Name of both Parents or Carers	<b>Mother:</b>	<b>Father:</b>	
Telephone Numbers:			
Email Address:			
Are you residing at the same address?	If no, please confirm address:	If no, please confirm address	
Is the pupil a Looked After Child?			Yes No
If Yes, please confirm which Local Authority is responsible:			
Name of Social Worker, Contact Number and if applicable, Foster Agency Name:			
Does your child have an Education Health and Care Plan			Yes No

Section 2 - Categories of Eligible Children	
Please tell us which of these categories of eligible children you believe that your child falls into? The categories are detailed in the Council's policy. <a href="https://www.birmingham.gov.uk/downloads/file/12830/0-25_travel_assistance_policy_201920">https://www.birmingham.gov.uk/downloads/file/12830/0-25_travel_assistance_policy_201920</a>	
<b>Category 1:</b> Distance – complete 'Category 1' below.	
<b>Category 2:</b> Low income – complete 'Category 2' below	
<b>Category 3:</b> Special educational needs or disability – complete 'Category 3' below	

Category 1 Distance					
Approximate distance from your home address and school					miles
Approximate journey time to travel directly by car between your home address and school	AM		PM		

Category 2 Low Income		
Is your child entitled to free school meals?	Yes	No
Are one or both parents in receipt of the maximum level of working tax credit?	Yes	No
Which of the following applies? (please tick)		
a) My child is aged between 8 and 11 years and their school is more than 2 miles from home		
b) My child is aged between 11 and 16 years and their school is between 2 and 6 miles from home		
c) My child is aged between 11 and 16 years, their school is between 6 and 15 miles from home and that school was chosen on the basis of our religion or belief		

Category 3 Special Educational Needs and Disability						
Tell us about your child's special educational and/or medical needs and/or disability. Does your child have: (please tick or circle)						
Social, Emotional and Mental Health needs	Yes	No		Hearing impairment	Yes	No
Cognition and Learning difficulties	Yes	No		Visual impairment	Yes	No
Speech, Language and Communication difficulties (including ASD)					Yes	No
Physical difficulties					Yes	No
Please state any other special educational or medical needs or disabilities:						
Tell us about your child's behaviour. Does your child: (please tick or circle)						
Have any difficulty walking or using public transport due to their behaviour?					Yes	No
Challenge Authority?					Yes	No
Exhibit violent or aggressive behaviour?					Yes	No
Pose any risk to other passengers (children/driver/pupil guide)?					Yes	No
If you have answered yes to any of these questions please describe these behaviours, tell us about anything that prompts your child to behave in this way?						
Full name of all other children in your family under 16 years of age	Date of birth	Which school do they go to (including postcode)		School start time	School finish time	
Has your child received transport assistance before? <i>If yes, please tell us below what assistance was provided</i>				Yes		No
Do you have a vehicle?				Yes		No

<b>Category 3 Special Educational Needs and Disability</b>	
If applicable, please provide the reason why the vehicle cannot be used to take your child to and from school:	
How does your child travel the rest of the time, i.e. when they are not travelling to school?  Moved to later section	
Please use this space to tell us anything else that you would like taken into consideration which would prevent you accompanying your child to and from school:	
Your application should include any documents that you would like us to consider, including your child's EHCP or statement of special educational needs. or where appropriate Joint Epilepsy Care Plan (dated within the last 2 years). Please list the documents that you have included with your application (supplying these documents could help to speed up the process):	

<b>Section 3 - Wheelchair Users:</b> If your child is not a wheelchair user please move to next section (please tick or circle the appropriate answer)			
Can your child walk at all?	Yes	No	
Can your child transfer to a seat on a vehicle?	Yes	No	
If yes, does your child require assistance to do this?	Yes	No	
Please state what assistance is required?			
Does your child need to travel in a wheelchair on the vehicle?	Yes	No	
What is the make and model of the wheelchair?			
Is the Wheelchair:	Folding	Non-folding	Electric
What is the dimension (in centimetres) of the wheelchair when in use?	Length	Width	Height

<b>Section 4 - Employment, Study, Training or Work Placement Details</b>						
Are you attending work, college, university, a training programme or work placement:	<b>Mother:</b>	Yes	No	<b>Father:</b>	Yes	No
Name & Address of Employer/College/University/ Training Provider/Work Placement attended (including postcode):						
Please indicate the days that you attend employment, college/university/training programme/work placement plus		Start	Finish		Start	Finish
	Mon			Mon		

start and finish times of seminars/lectures/training/ placement undertaken each day. Please include the start and end times of shifts.	Tue			Tue		
	Wed			Wed		
	Thu			Thu		
	Fri			Fri		

Section 5 - School Details				
Name of school		Telephone No.		
Address		Postcode		
Has your child started attending this school?			Yes	No
Date Started/Date due to start				
Is this school named in your child's statement of special educational needs or EHCP because it was the school that you preferred?			Yes	No
Which school did your child most recently attend?				

What type of Travel Assistance do you believe that your child needs?		
Travel Pass	Yes	No
Personal Transport Budget* please refer to the policy	Yes	No
Guided Public Transport	Yes	No
A Transport Vehicle <sup>1</sup>	Yes	No
Other	Yes	No
Please give your reasons for the type(s) of travel assistance requested:		

<sup>1</sup> If the Council decides it is necessary to provide travel assistance, you will be asked to supply Travel Assist with additional information which will be used to complete a risk assessment of the child's needs when travelling. This is to ensure each child can travel by the safest and most suitable form of transport.

## **PARENTAL/CARERS DECLARATION**

**Please read the following declaration. We will not process your application for travel assistance if you do not sign and date the declaration.**

The information I have given on this form is complete and accurate. I will inform you immediately of any change in circumstances which might affect any entitlement to travel assistance. I understand that if I give you false information, or fail to give complete information the Council may take action against me and travel assistance may be varied or removed. I will write and tell you immediately if the child leaves or transfers to a different educational setting.

If financial assistance is provided to me or on my behalf, and if, for whatever reason, I receive an amount which is more than I am entitled to, I will pay back any amount in excess of my entitlement.

I do/do not (**delete as applicable**) consent to the Travel Assist Service reviewing a copy of my child's EHCP and any assessment reports.

Please note a **minimum of 15 working days** is required from receipt of this form to make an assessment of this application. If a Pupil Guide is required or it is necessary to request specialised information concerning a pupil, extra time may be necessary for arrangements to be made.

Pupils who are awarded transport will be transported by the most efficient and cost effective transport option available in consideration of their individual needs and information obtained from their EHCP.

<b>Parent/Carer 1 signature:</b>	<b>Date:</b>
<b>Parent/Carer 2 signature:</b>	<b>Date:</b>

### **Privacy notice under the General Data Protection Regulation (GDPR) (EU) 2016/679**

The information you have provided on this form will be used by Birmingham City Council in accordance with the General Data Protection Regulation and any successor legislation to the GDPR or the Data Protection Act 1998.

The information will be used in accordance with the Education Transport Policy and for the purpose of processing applications for pupils travel assistance as required to fulfil the Council's duties under legislation, statutory or contractual requirement or obligation.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with external organisations whose business it is to assist in the service delivery of transport solutions to eligible students and with the Department of Education for statistical purposes only. The personal data is not shared with anyone else and will never be disclosed for marketing purposes.

The information contained on this application form will be retained until your child no longer requires travel assistance provided by the Council and then for a further 90 days from the date that travel assistance ceases and shall be processed in adherence to your legal rights, which are set out in our privacy notice which can be found at: [www.birmingham.gov.uk/privacy](http://www.birmingham.gov.uk/privacy). Your personal data will be stored and used in accordance with this Policy. Should you require a hard copy of our privacy statement then please contact our Data Protection Officer on 0121 303 4955.