# APPLICATION FOR TRANSPORT ASSISTANCE FOR STUDENTS AGED 19-25 WITH SPECIAL EDUCATIONAL NEEDS AND/OR LEARNING DIFFICULTIES OR DISABILITIES - ACADEMIC YEAR 2021 / 2022

**Return to: Home to School Transport,** *sentransport@walsall.gov.uk*

## Student Information

Name:

Male Female Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Postcode:

Phone Number

## Parent/Carer Details

Name:

Phone Number:

Email Address:

## Establishment Details

Name of School/College

Address:

## Course Details

Is the course FULL TIME? (3 or more days per week) YES NO

Number of days travelling per week:

Is this a new course of study for a higher level qualification than has previously been studied for?

YES NO

You must give full titles and qualification levels of all courses to be studied. If this section is not completed the application will be returned. You may continue on another sheet if necessary.

**Course/Qualification Title**: **Level:**

## Eligibility

Is travel support available from any family members or personal assistants? YES NO

(If YES please attached evidence to support)

## Nature of Medical & Special Educational Needs

Does the student suffer from any medical condition which might require attention whilst travelling to and from school e.g. epilepsy/asthma/diabetes/allergies/other?

YES NO

If YES please specify

What potential problems could the condition cause during the journey to school/college?

How is the problem usually managed?

Are there any triggers that may affect your child’s journey to / from school? (E.g. music, silence etc)

YES NO

If yes, what are they and how are these managed? (E.g. distraction techniques, headphones, conversation etc.) Please attach a separate sheet if more space is needed.

**Does the student have (tick all which apply):**

🞏 Difficulty in communication 🞏 Hearing Impairment

🞏 Visual Impairment 🞏 Behaviour Problems

🞏 Autism 🞏 Mild Learning Difficulties

🞏 Severe Learning Difficulties 🞏 Moderate Learning Difficulties

🞏 Physical Difficulties 🞏 Dyslexia

**Or any of the following medical needs?**

🞏 Asthma 🞏 Diabetes

🞏 Epilepsy 🞏 Allergies

🞏 Travel Sickness 🞏 Other (please specify below)

**Is the student:**

Oxygen dependent? YES NO Tube Fed? YES NO

If you answered yes to either of the above, is there any information that you would like to give us that would help us plan the student’s transport arrangements?

Does the student require suction? YES NO

Does the student need to travel with any medication? YES NO

If yes, please give as much information as possible:

**Please be aware that medication cannot be administered by transport staff.**

## Equipment

Will the student be travelling with a wheelchair? YES NO

If yes, please provide the following information:

Make                                                                                     Model

Type (e.g folding/electric/manual etc)

Does the student need to travel in their wheelchair? YES NO

**Please note that in some circumstances the local authority may need to send an inspector out to look at the wheelchair/buggy to assess whether it is safe to transport. You may be asked to provide proof of crash testing in the form of certification.**

Does the student need to travel with a walking frame? YES NO

If yes, please provide the following information:

Make                                                                                  Model

Length                                                                                Width

Is the walking frame foldable? YES NO

Does the student need to travel using a harness or restraint? YES NO

## Additional Information

This space is provided for you to record any additional information about your child that you feel is relevant to your transport application (continue on separate sheet if necessary)

## Attendance Details

**Start Date**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Days Attending | Monday | Tuesday | Wednesday | Thursday | Friday |
| Start Time |  |  |  |  |  |
| Finish Time |  |  |  |  |  |