



Application for travel assistance for students aged 19-25 with special educational needs and/or learning difficulties or disabilities - academic year 2025/26

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

Please **read** the Home to School Transport Policy before completing this application form.
This can be found on our website click [here](#)

Please complete Sections 1, 2, 3, 4 and 5. By completing this form, you confirm that you have read the Post 19-25 Home to School Transport Policy statement.

An up-to-date EHCP Must be included with the application.

Section 1 – Pupils Personal Information

Surname

Date of birth

First Name

Gender

Home Address

Post Code

Name of Parents/Carers

Email address

Daytime/Mobile number

Name of emergency contact

Contact number

Relationship to child

Which establishment are you requesting Travel Assistance to?

Name of school/college

Telephone number

Is the course full time (taught 15 hours or more per week)?

Yes

No

Email address

If yes, how many hours are taught per week:

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

Yes

No

Course/Qualification Title:

Level

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.

Section 2: Nature of Medical & Special Education Needs

In order to ensure each student can travel by the safest and most suitable mode of transport we require as much information as possible. For some pupils not all of their needs will be covered in this section and an individual risk assessment is required. In order to make this decision please can you provide the following information.

Eligibility

Is travel support available from any family members or personal assistants?

Yes

If YES please attach evidence to support.

No

Nature of Medical 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 that apply)?

Difficulty in communication

Visual Impairment

Hearing Impairment

Physical Difficulties

Behaviour Problems

Autism

Mild Learning Difficulties

Moderate Learning Difficulties

Severe Learning Difficulties

Dyslexia

Or any of the following medical needs?

Asthma

Epilepsy

Travel Sickness

Diabetes

Allergies

Other (please specify below)

Is the student, oxygen dependant, tube fed or requires suction?

Yes

If yes please give details and how it will be managed

No

Does the student need to travel with any medication?

Yes

If yes please give as much detail as possible

No

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

Section 3: Equipment

Will the student be travelling with a wheelchair?

Yes

If yes, please provide the following information:

No

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

If yes, please provide the following information:

No

Make:

Model:

Length and Width

Is the walking frame foldable?

Yes

No

Does the student need to travel using a harness or restraint?

Yes

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)

No

Section 4: Attendance Details

Start Date:

Monday

Tuesday

Wednesday

Thursday

Friday

Section 5: Declaration

I certify that the information I have provided on this form is true to the best of my knowledge and belief. I acknowledge that I understand that any false or deliberately misleading information on this form and/or supporting papers may invalidate this application and could lead to the withdrawal of an offer of travel assistance.

Signature

Date

Print Name