***Application for Home to School Transport for Children and Young People age 5 to 16 years with Special Educational Needs and Disabilities***

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| **Guidance notes**  **How can I find out if I qualify for Home to School Transport?**  Please read *Hull City Council’s Home to School and College Transport Policy 2019/2020 Academic Year* before you fill in the form. If you would like a paper copy or have any questions, please ring 01482 616963. |
| **Who is the application form intended for?** |
| It’s for parents and legal guardians who live in in Hull. You may use this form to apply for home to school transport if your child: |
| * would have to walk a distance of two miles or more to get from home to the school named on their Education, Health and Care (EHC) Plan; or |
| * lives within statutory walking distance of the school named on their EHC Plan, but has a learning difficulty, disability or mobility problem that means they are unable to walk safely even relatively short distances so the need for assistance is apparent in the Statement or EHC Plan; or |
| * has a temporary mobility problem, such as a broken leg, and you are unable to provide transport yourself. |
| Although it’s a parental responsibility to ensure that your child attends school regularly, we will use the information you give us to check whether you are entitled to assistance from the local authority. |
| **What sort of home to school transport could I get?** |
| We will assess what would best meet your child’s needs. To do this, we look at the information you give us on this application and may also come and meet with you and your child. If they qualify for assistance, we will provide the least restrictive and most cost-effective form of assistance that we can. It could alter through the academic year and involve one or more of the following awards: |
| * free travels pass which can be used on either commercial service buses or buses which have been specifically contracted for school journeys. * a monthly Personal Transport Budget which will enable you organise your own arrangements which will suit the needs of your child and your personal circumstances |
| * a taxi or minibus to transport your child from your permanent home address to school and back - if we offer to provide you with a taxi or a minibus, your child is likely to travel with other pupils |
| **If my child qualifies for a free travel pass, when would I receive it?** |
| Providing we receive your application by 28th June 2019, your child’s free travel pass will be posted to you. It will generally be valid for use between September and July. Please note that if your application reaches us after 28th June 2019, we may not be able to process it before the start of the new school year. At other times, you must allow 15 working days for us to process your application. Remember, children can only travel free of charge if they have a valid free travel pass |
| **If my child is awarded a taxi or minibus, can they use it to go to other locations?** |
| No. We only provide assistance to enable children to travel between their permanent home address and the school at which they are on roll, at the beginning and end of the school day. |
| **Continual review and transport reviews** |
| We may need to undertake a transport review while we are supporting your child’s transport requirement. We do this to ensure that we’re still offering the most suitable form of support to your child. This review will normally be conducted at your home address, but we can also do this at other appropriate meeting places. If we do need to conduct such a review, we will discuss this with you and schedule the meeting. Failure to allow such a review to take place will put any support that we’re providing at risk of being withdrawn. |
| **What if I apply for home to school transport, but my child does not qualify?**  We will send you a letter explaining exactly why.  **My child has behaviour difficulties. What else do I need to know?**  We have a duty to ensure the health, safety and well-being of children and the people who are employed to help them in any way. If your child’s behaviour is likely to place themselves or other people in danger, we reserve the right to withdraw our support at any time, pending review and reassessment of their travel needs to provide best form of transport and support. |
| **How do I apply for home to school transport?** |
| You must: |
| * read the policy and guidance notes carefully |
| * fill in the relevant parts of the application form |
| * read and sign the correct declaration in Section 18 |
| * include any extra information you want us to look at |
| **We will return the form to you** |
| * any part of the application is missing or illegible |
| * you haven’t given us all the information we need |
| **How and when will I hear if my child will get home to school transport?** |
| We will write to you once we have processed your application form. This can take up to 15 working days for the date we receive your fully completed form. If we agree that your child needs a taxi or minibus, it can take several weeks to put the necessary arrangements in place. |
| **What if my child moves house or transfers to a different school?** |
| You must let us know as soon as possible, please ring the Home to School Transport Team on 01482 616963. |
| **What if my child has a medical condition but no EHC Plan?** |
| Please provide |
| * information from a qualified medical practitioner to explain how the medical condition affects your child’s mobility - this practitioner could be your doctor, a physiotherapist or hospital consultant |
| * a statement telling us why your child cannot use public transport and why you cannot provide transport yourself |
| * a letter from the school that confirms the timetable your child will be using whilst receiving our support; and |
| * how long you think that you will need support from us - this should be supported with a statement by the relevant medical professional |

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| **Application for Home to School Transport** | | | | | |
| 1. **Child’s Details** | | | | | |
| Name of Child: |  | | | | |
| Date of Birth: |  | | | | |
| Current Age: |  | | | | |
| Sex: | Male: |  | Female: |  | (Please tick) |
| Current School Year Group: |  | | | | |
| Which School will your child attend: |  | | | | |
| Postcode of School: |  | | | | |
| Permanent Home Address: |  | | | | |
| Postcode: |  | | | | |
| If your child has moved house since the last application please provide previous address: | | | | | |
| Previous Home Address: |  | | | | |
| Previous Postcode: |  | | | | |
| 1. **Parent or Legal Guardian Details** | | | | | |
| Forename: |  | | | | |
| Surname: |  | | | | |
| Relationship to child: |  | | | | |
| Home Telephone Number: |  | | | | |
| Mobile Number: |  | | | | |
| Work Telephone Number: |  | | | | |
| Email Address: |  | | | | |
| 1. **Second Parent or Legal Guardian Details** | | | | | |
| Forename: |  | | | | |
| Surname: |  | | | | |
| Relationship to child: |  | | | | |
| Home Address: |  | | | | |
| Postcode |  | | | | |
| Home Telephone Number: |  | | | | |
| Mobile Number: |  | | | | |
| Work Telephone Number: |  | | | | |
| Email Address: |  | | | | |

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| 1. **In Case of a Medical Emergency** | | | | | | | |
| In an emergency situation the driver or passenger assistant would call 999 or divert to the nearest appropriate medical centre. | | | | | | | |
| Please confirm that you accept this course of action is appropriate for your child’s medical needs in the event of an emergency | | | Yes |  | No |  | (please tick) |
| If you have ticked No, please give details: |  | | | | | | |
| 1. **Latch-key agreements:** | | | | | | | |
| We know that some young people have their own house key and let themselves in when they get home. | | | | | | | |
| Would your child be able to let themselves in once a taxi or minibus had dropped them off? | | | Yes |  | No |  | (please tick) |
| If we award your child a taxi or minibus and he or she cannot let themselves in, there would need to be someone at home to receive them when transport drops them off. | | | | | | | |
| 1. **Person who can be contacted in case of an emergency** | | | | | | | |
| If, in the event of a genuine emergency due to unforeseen and unavoidable circumstances, there would be no one at home, an arrangement can be put in place for your child to be taken to a pre-arranged alternative address. If you would like to set up such an arrangement, please give details of a person who has agreed to look after your child until you are able to collect them. | | | | | | | |
| Forename: | |  | | | | | |
| Surname: | |  | | | | | |
| Relationship to child or young person: | |  | | | | | |
| Home address: | |  | | | | | |
| Postcode: | |  | | | | | |
| Home Telephone Number: | |  | | | | | |
| Mobile Number: | |  | | | | | |
| Work Telephone Number: | |  | | | | | |
| Email Address: | |  | | | | | |

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| 1. **Additional Information about you and your child** | | | | | | | | | | | | | | | | | | | | | | |
| Is your child entitled to free school meals: | | | | | Yes | | | |  | | No | | | |  | | | | (please tick) | | | |
| Are you in receipt of your maximum level of Working Tax Credit: | | | | | Yes | | | |  | | No | | | |  | | | | (please tick) | | | |
| Was your child at school in the last academic year: | | | | | Yes | | | |  | | No | | | |  | | | | (please tick) | | | |
| If yes, which school: |  | | | | | | | | | | | | | | | | | | | | | |
| How did they travel to and from school: |  | | | | | | | | | | | | | | | | | | | | | |
| Does your child have a disability bus pass: | | | | | Yes | | | |  | | No | | | |  | | | | | | (please tick) | |
| Is your child capable of travelling independently on public transport: | | | | | | Yes | | | | | | |  | No | | | | | | |  | (please tick) |
| Could travel independently in the future after appropriate training: | | | | | | Yes | | | | | | |  | No | | | | | | |  | (please tick) |
| 1. **Childs Needs** | | | | | | | | | | | | | | | | | | | | | | |
| Does your child have a finalised Education, Health, Care Plan: | | | | | | Yes | | | | | | |  | No | | | | | | |  | (please tick) |
| If No, does your child have a Statement of SEN: | | | | | | Yes | | | | | | |  | No | | | | | | |  | (please tick) |
| Please give details about their SEND, learning difficulty, permanent disability or temporary mobility issue, including any medical diagnosis that exists: | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Medication** | | | | | | | | | | | | | | | | | | | | | | |
| In common with other local authorities, we are unable to administer medicine or perform medical interventions on children while they are being transported. We may, however, assist a child to self-medicate by handing them their own medication, such as an Epipen or inhaler | | | | | | | | | | | | | | | | | | | | | | |
| Does your child need to carry any medicines with them: | | | | | Yes | | | |  | | | | No | | | |  | | | | (please tick) | |
| If so, please give details |  | | | | | | | | | | | | | | | | | | | | | |
| Any medication must be clearly labelled with your child’s name and given to the passenger assistant who will pass it on the school. If your child’s health or medical conditions are likely to cause concern when travelling, please give details below. Include any actions that should be taken and what, if any, warning signs drivers and passenger assistants should be aware of: | | | | | | | | | | | | | | | | | | | | | | |
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| Does your child have a critical medical condition that means they might need medical treatment whilst they | | | | | | | | | | | | | | | | | | | | | | |
| are travelling, If yes, please provide details | | | Yes | | | |  | | | No | | | |  | | | | (please tick) | | | | |
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| When we assess your application and our risk assessment indicates a potential need for medical intervention will contact you to ask how you would like us to respond to a medical emergency and record your wishes on your child’s file, to share with those who transport them. | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Seizures** | | | | | | | | | | | | | | | | | | | | | | |
| Is your child likely to have a seizure of any descriptions: | | | | Yes | | | |  | | | | No | | | |  | | | | (please tick) | | |
| If yes, please indicate the type: | |  | | | | | | | | | | | | | | | | | | | | |
| If there are any visible warning signs prior to  Seizure, please tell us what we should look for: | |  | | | | | | | | | | | | | | | | | | | | |
| Generally, how long do seizures last: | |  | | | | | | | | | | | | | | | | | | | | |
| What could transport staff do to assist your child, in the event of them having a seizure? | |  | | | | | | | | | | | | | | | | | | | | |
| If your child has a seizure, at what point would transport staff need to alert emergency  Services: | |  | | | | | | | | | | | | | | | | | | | | |
| Please tell us why you think your child needs the type of assistance asked for: | | | | | | | | | | | | | | | | | | | | | | |
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| Please let us know what is most important to your child to help keep them happy and safe while they are travelling, the information provided will be shared with drivers and passenger assistants therefore please use bullet points or key words no more than 50 words: | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Child’s Health Needs and Medical Conditions** | | | | | | | | | | | | | | | | | | | | | | |
| Allergies | | | | Yes | | | |  | | | | No | | | |  | | | | (please tick) | | |
| Autistic Spectrum Disorder | | | | Yes | | | |  | | | | No | | | |  | | | | (please tick) | | |
| Balance and co-ordination difficulties | | | | Yes | | | |  | | | | No | | | |  | | | | (please tick) | | |
| Breathing problems | | | | Yes | | | |  | | | | No | | | |  | | | | (please tick) | | |
| Breathing problems requiring suction | | | | Yes | | | |  | | | | No | | | |  | | | | (please tick) | | |
| Continence issues | | | | Yes | | | |  | | | | No | | | |  | | | | (please tick) | | |
| Diabetes – not yet controlled | | | | Yes | | | |  | | | | No | | | |  | | | | (please tick) | | |
| Emotional or behavioural issues | | | | Yes | | | |  | | | | No | | | |  | | | | (please tick) | | |
| Hearing difficulties | | | | Yes | | | |  | | | | No | | | |  | | | | (please tick) | | |
| Hearing impairment | | | | Yes | | | |  | | | | No | | | |  | | | | (please tick) | | |
| Moderate learning difficulty | | | | Yes | | | |  | | | | No | | | |  | | | | (please tick) | | |
| Multi-sensory impairment | | | | Yes | | | |  | | | | No | | | |  | | | | (please tick) | | |
| Physical disability | | | | Yes | | | |  | | | | No | | | |  | | | | (please tick) | | |
| Profound and multiple learning difficulties | | | | Yes | | | |  | | | | No | | | |  | | | | (please tick) | | |
| Profound challenging behaviour | | | | Yes | | | |  | | | | No | | | |  | | | | (please tick) | | |
| Speech, language or communication difficulty | | | | Yes | | | |  | | | | No | | | |  | | | | (please tick) | | |
| Visual impairment | | | | Yes | | | |  | | | | No | | | |  | | | | (please tick) | | |
| Others, not listed above | | | | Yes | | | |  | | | | No | | | |  | | | | (please tick) | | |

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| If you have ticked yes to any of Child’s Health Needs and Medical Conditions questions, please give additional information in the space below. Continue on a separate page if necessary | | | | | |
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| 1. **Behaviour and anxieties** | | | | | |
| How is your child likely to behave in transport, bearing in mind that at first the transport staff and any other passengers may be new to them? Is there anything that might make them anxious e.g. noise, smell, physical contact, being seated near another child: | | | | | |
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| 1. **Description of current behaviours** | | | | | |
| Verbal | Yes |  | No |  | (please tick) |
| Biting/punching/kicking/slapping/body holds | Yes |  | No |  | (please tick) |
| Throwing missiles | Yes |  | No |  | (please tick) |
| Spitting/tantrums/tears | Yes |  | No |  | (please tick) |
| Grabbing hair/neck/arm/clothing/jewellery/spectacles | Yes |  | No |  | (please tick) |
| Undressing | Yes |  | No |  | (please tick) |
| Sexualised behaviour | Yes |  | No |  | (please tick) |
| Likely to attempt to flee vehicle whilst travelling | Yes |  | No |  | (please tick) |
| Likely to attempt to flee vehicle when getting on/off | Yes |  | No |  | (please tick) |
| Others, not listed above | Yes |  | No |  | (please tick) |

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| If you have ticked yes, to any of the behaviours listed above, please give as much details as you can. Include the frequency of any given behaviour(s), any actions that should be taken and what, if any, triggers or warning signs drivers and passenger assistants should be aware of: | | | | | | | | | | | | | | |
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| If for any reason it might be necessary to restrain your child, please give details: | | | | | | | | | | | | | | |
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| Is the gender or the driver or passenger assistant an important consideration: | | | | | Yes | |  | | No | |  | | (please tick) | |
| If yes, please provide further information | | | | | | | | | | | | | | |
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| Please tell us if your child would respond badly to changes of driver, passenger assistant or vehicle | | | | | | | | | | | | | | |
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| 1. **Child’s mobility and access to transport** | | | | | | | | | | | | | | |
| Could your child travel on public transport or a school bus | | | | Yes | |  | | No | |  | | (please tick) | | |
| If no, say why not: | |  | | | | | | | | | | | | |
| Is your child able to walk unaided: | | | | Yes | |  | | No | |  | | (please tick) | | |
| Is your child able to climb steps: | | | | Yes | |  | | No | |  | | (please tick) | | |
| Is your child able to walk unaided but with some difficulty: | | | | Yes | |  | | No | |  | | (please tick) | | |
| Is your child able to walk with assistance: | | | | Yes | |  | | No | |  | | (please tick) | | |
| Does your child use a mobility aid to walk: | | | | Yes | |  | | No | |  | | (please tick) | | |
| Does your child need help to get in or out of a vehicle: | | | | Yes | |  | | No | |  | | (please tick) | | |
| Does your child have difficulty accessing a car: | | | | Yes | |  | | No | |  | | (please tick) | | |
| Does your child have difficulty accessing a people carrier: | | | | Yes | |  | | No | |  | | (please tick) | | |
| Does your child have difficulty accessing a minibus: | | | | Yes | |  | | No | |  | | (please tick) | | |
| Does your child take crutches (pair)/quad crutch with them: | | | | Yes | |  | | No | |  | | (please tick) | | |
| Does your child take posture walker with them: | | | | Yes | |  | | No | |  | | (please tick) | | |
| Does your child take folding frame with them: | | | | Yes | |  | | No | |  | | (please tick) | | |
| Does your child take rigid or fixed frame with them: | | | | Yes | |  | | No | |  | | (please tick) | | |
| 1. **Seatbelts and Harnesses** | | | | | | | | | | | | | | |
| All children must wear a seatbelt when they travel to and from school. | | | | | | | | | | | | | | |
| Does your child require an additional harness when travelling: | | | | Yes | |  | | No | |  | | (please tick) | | |
| If yes, please tell us your child’s | | Weight: | (kg) | | | | | Height: | | | | | | (cm) |
| Please give details of any other seating  requirements: | |  | | | | | | | | | | | | |
| 1. **Wheelchairs** | | | | | | | | | | | | | | |
| Transporting people in wheelchairs requires input from the family or caregiver and we expect that your ensure the following is done prior to us transporting your child: | | | | | | | | | | | | | | |
|  | * You maintain the equipment as recommended by the wheelchair manufacturer * You understand your role in sharing responsibility for the wheelchair occupant’s best interest * You use the prescribed equipment correctly and safely, and understand the necessity for its use on an ongoing basis * You liaise with those transporting your child to undertake risk assessments when required * You offer feedback on difficulties or problems with the postural support seating, wheelchair, occupant restraint, and wheelchair securement system | | | | | | | | | | | | | |
| Does your child use a wheelchair: | | | | Yes | |  | | No | |  | | (please tick) | | |
| If yes, is it: manual (state make and model): | |  | | | | | | | | | | | | |
| Electric (state make and model): | |  | | | | | | | | | | | | |
| Do they have to travel in their wheelchair: | | | | Yes | |  | | No | |  | | (please tick) | | |
| If no, can the chair be folded for transport: | | | | Yes | |  | | No | |  | | (please tick) | | |
| If yes, has the make and model been Transport Crash Tested: | | | | Yes | |  | | No | |  | | (please tick) | | |
| Has the wheelchair been modified in any way since then: | | | | Yes | |  | | No | |  | | (please tick) | | |
| Has the wheelchair been supplied by NRS Healthcare: | | | | Yes | |  | | No | |  | | (please tick) | | |
| Standard equipment is used for securing wheelchairs in Hull | | | | | | | | | | | | | | |
| Is standard equipment suitable for this wheelchair: | | | | Yes | |  | | No | |  | | (please tick) | | |
| Can your child transfer to a seat on their own from their wheelchair: | | | | Yes | |  | | No | |  | | (please tick) | | |
| Can your child transfer to a seat with help from their wheelchair: | | | | Yes | |  | | No | |  | | (please tick) | | |
| Does your child need to take their wheelchair to and from school: | | | | Yes | |  | | No | |  | | (please tick) | | |

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| 1. **Transport Service Required** | | | | | | | | | | | |
| I would like to apply for: | | | | | | | | | | | |
| * Free Travel Pass | | | | Yes | |  | No | |  | | (please tick) |
| * Personal Transport Budget | | | | Yes | |  | No | |  | | (please tick) |
| * Commissioned Transport Service | | | | Yes | |  | No | |  | | (please tick) |
| 1. **Declaration of Parent or Legal Guardian** | | | | | | | | | | | |
| I declare that: | | | | | | | | | | | |
|  | * I have read and understood the guidance notes * To the best of my knowledge, the information given on this form is correct and complete * I understand that, if my application is successful, I must contact Home to School Transport Team if there are any changes to information provided * I understand that transport assistance can be reassessed at any time during the academic year * I understand that if my child’s behaviour is likely to place themselves or other people in danger, the provision of assistance could be withdrawn pending review and reassessment of my child’s travel needs * If it is necessary for them to understand my child’s needs, I consent to a member of Home to School Transport Team meeting with me and my child to undertake a practical assessment * I understand Hull City Council may share the information provided with contracted provider for the purpose of organising appropriate and safe transport. | | | | | | | | | | |
| **Signature of Parent or Legal Guardian** | | | | | | | | | | | |
| Signed: | |  | | | Date: | | |  | | | |
| Please print your name: | | |  | | Relationship to pupil: | | | | |  | |

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| **Please post your completed application form to:** | Home to School Transport Team  Brunswick House  Strand Close  Hull  HU2 9DB |
| **Or email your completed application form to:** | [hometoschool@hullcc.gov.uk](mailto:hometoschool@hullcc.gov.uk) |