**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 and Application Form** |
| **Who is this form for?** |
| Parents and legal guardians who live in Hull. You may use this form to apply for home to school transport if your child: |
| * Is required 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 (beyond 2 miles if below the age of 8, or beyond 3 miles if aged between 8 – 16) 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 is a parent’s responsibility to ensure their child attends school regularly, the transport team will use the information provided to check whether there is a transport entitlement from the local authority.  **If you wish to apply for a travel pass so that your child can use public transport do not use this form. Please complete the Free Travel Pass application form.** |
| **My child has a medical condition but doesn’t have an EHC Plan?** |
| If your child does not have an EHCP but has identified SEN needs they may still qualify for Home to School Transport. For an assessment to be made please complete an Exceptional Circumstances Form which is available on request from [SENTransport@hullcc.gov.uk](mailto:SENTransport@hullcc.gov.uk) or by calling SEN Transport on 01482 300 300.  When completing an Exceptional Circumstances Form you may also be required to provide the following:  • Information from a qualified medical practitioner to explain how the medical condition affects your child’s mobility - this practitioner could be a doctor, physiotherapist or hospital consultant.  • A statement outlining why your child cannot use public transport and why you cannot provide transport yourself.  • A letter from the school that confirms that they support your request for transport assistance and the timetable your child will be using whilst receiving our support ; and  • How long you think that you will need support- this should be accompanied with information by the relevant medical practitioner.  If we require any additional information we will contact you to discuss further. |
| **Types of home to school transport:** |
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| * Free travel 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.   An assessment will take place using the information provided on the application form, we may also choose to meet with you and your child. If your child qualifies for assistance, consideration will be given to providing the most cost-effective form of assistance. |
| **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 wish to be considered.   We will return the form if:   * Any part of the application is missing or illegible. * You haven’t given us all the information we need. |
| **How will I know if my application has been successful?** |
| Notification of our decision will be sent out within 15 days from the date of application by letter**. If we need to arrange for someone to travel with your child this may take a little longer.** |
| **Collecting from or returning to another address?** |
| Assistance will be provided between your child’s permanent home address and the school at which they are on roll, at the beginning and end of the school day. **We are unable to collect from a relative or friends address or a place of work.** If your child cannot be collected and returned to the home address you may wish to consider applying for a personal transport budget. With your own transport budget you will be able to make your own arrangements for your child to get to and from school. |
| **Do I need to apply each year?** |
| No. We will undertake a transport review each year which will normally take place at your child’s school. If you do not agree to a review of the transport arrangement it may be withdrawn on the premise it’s no longer required. If you are aware of any change in your child’s needs you must notify [SENTransport@hullcc.gov.uk](mailto:SENTransport@hullcc.gov.uk) or by calling SEN Transport on 01482 300 300. |
| **What if I apply for home to school transport, but my child does not qualify?**  If your application is declined you will be notified in writing of the reasons and the appeals process.  **What else do I need to know?**  The Local Authority has a duty to ensure the health, safety and well-being of all children and those responsible for providing assistance. Before completing your application the transport team will conduct a risk assessment and behaviour plan. We may also contact you for additional information to help with the assessment. If your child’s behaviour is likely to place themselves or other people in danger, we reserve the right to suspend arrangements pending a review and reassessment. |
| **If my child moves house or transfers to a different school?** |
| If there are any changes to your child’s circumstances for example a change of school or house move please contact the Home to School Transport Team at [SENtransport@hullcc.gov.uk](mailto:SENtransport@hullcc.gov.uk) or call SEN Transport on 01482 300 300. |

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| **Application for Home to School Transport** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Child’s Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Child: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | |  | | | | | | | | | Current Age: | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Gender | |  | | | | | | | | | Current Year Group | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Which School will your child attend: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of School (including postcode): | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Permanent Home Address of child: (This will be the sole address that will be used for transporting your child to and from school.) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Parent or Legal Guardian Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Forename: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | |  | | | | | | | | | | | | | | | | | | Title: | | | | | | | | | | | | | | | | | |
| Relationship to child: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Telephone Number: | |  | | | | | | | | Work Phone number | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Mobile Telephone Number; | |  | | | | | | | | Preferred Contact number | | | | | | | | | | Home / Work / Mobile | | | | | | | | | | | | | | | | | |
| Email Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you live at the same home address as your child? If no please give your home address. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Alternative Contact Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide the details of an emergency contact. We will only use these details when we are unable to contact you directly to discuss your child’s travel arrangements. This should preferably be someone with parental responsibility for the child or another family member. Please note that we will not be able to transport your child to or from your emergency contact’s home address. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Forename: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to child: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Telephone Number: | |  | | | | | | | | Work Telephone Number | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Mobile Number: | |  | | | | | | | | Preferred contact number | | | | | | | | | | | | | | | | Home / Work / Mobile | | | | | | | | | | | |
| Email Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **In Case of Emergency** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If your child has a medical emergency, the person transporting your child would call 999 or divert to the nearest appropriate medical centre. We will contact you as soon as possible to advise you of any 999 call made or to inform you of the medical centre that your child has been taken to. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please state if you have any specific requirements in the event of a medical emergency. | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In the event of an emergency if there is no one at home to receive your child, we would make a **one off** provision to take your child to your alternative contact’s home address. Please indicate whether you consent to this address being used: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes. I consent to my child being taken to my alternative contacts’ address in an emergency | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| If no, please provide details of an address that can be used in **an emergency** and details of the appropriate adult who will be at the address at the time your child is dropped off. | | | Name  Relationship  Address  Contact telephone number(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **key agreements:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We are aware that some young people may have their own house key and let themselves in when they return home.  **Please Note:** If we offer your child a taxi or minibus we still require that an appropriate adult is in the property even if the child has their own key to let themselves in, this an essential requirement in ensuring suitable safeguarding arrangements for the child. Latch key arrangements are not suitable for all pupils and due consideration should be taken by parents, carers and legal guardians in such actions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your child have their own key to their home address? | | | | | | | | | | | | | | | | | Yes | | | | | | | |  | | | | | No | | | | | | | (Please tick) |
| Would your child be able to let themselves in once a taxi or minibus had dropped them off? | | | | | | | | | | | | | | | | | Yes | | | | | | | |  | | | | | No | | | | | | | (Please tick) |
| Do you give consent to your child letting themselves into the home address with their own key? | | | | | | | | | | | | | | | | | Yes | | | | | | | |  | | | | | No | | | | | | | (Please tick) |
| 1. **Additional Information required for assessment of your application** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 on roll 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 able to travel independently on public transport? (if no please answer next question) | | | | | | | | | Yes | | | | | |  | | | | | | | No | | | | | | |  | | | (Please tick) | | | | | |
| Would you like your child to receive independent travel training to allow them to travel independently on public transport? | | | | | | | | | Yes | | | | | |  | | | | | | | No | | | | | | |  | | | (Please tick) | | | | | |
| Do you require transport for the full academic year? | | | | | | | | | Yes | | | | | |  | | | | | | | No | | | | | | |  | | | (Please tick) | | | | | |
| Is your child dual registered with any other school or education provider? | | | | | | | | | Yes | | | | | |  | | | | | | | No | | | | | | |  | | | (Please tick) | | | | | |
| Is transport required due to your child being permanently excluded from their school? | | | | | | | | | Yes | | | | | |  | | | | | | | No | | | | | | |  | | | (Please tick) | | | | | |
| 1. **Childs Needs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In order for your application to be processed we require details about your child’s SEND, learning difficulty, permanent disability or temporary mobility issue, including any medical diagnosis that exists. Without this information the correct transport cannot be identified and we will therefore not be able to process your application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your child have a finalised Education, Health, and Care Plan? | | | | | | | | | Yes | | | | | |  | | | | | | | | No | | | | | |  | | | (Please tick) | | | | | |
| If No, you may still be entitled to assistance subject to assessment. Please complete an exceptional circumstances form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please give full details about your child’s SEND needs. If your child has multiple needs or is currently undergoing diagnostic assessments please provide full information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identified Special Educational Need;  Learning Difficulties:    Mobility concerns;  Behavioural concerns;  Details of outstanding assessments; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To put your child at ease whilst travelling, what factors do transport staff need to be taken into consideration?  Please note this information will be shared with staff on their journey. Please use bullet points or key words no more than 50 words; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Medication** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We are unable to administer medicine or perform medical interventions on children whilst transported.  If your child must travel with a personal assistant we may, however hand a child their own medication, such as an Epipen or inhaler for them to self-medicate. Any medication must be clearly labelled with your child’s name, placed in their school bag and given to the passenger assistant who will pass it on the school | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your child need to carry any medicines with them? | | | | | | | | | Yes | | | | | |  | | | | | | | | No | | | | | |  | | | | | | (Please tick) | | |
| If yes, please give details; | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If your child’s health or medical conditions is likely to cause concern or result in a medical emergency 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your child have a critical medical condition that means they might need medical treatment whilst they are travelling? | | | | | | | | Yes | | | |  | | | | | | | No | | | | | | | | | |  | | | | | | | (Please tick) | |
| If yes, please provide details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| When we assess your application, if our risk assessment indicates a need for medical intervention, we will contact you to discuss how you would like staff to respond to a medical emergency. We will record the agreed action 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? If so, 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 you child suffers from Epilepsy do they use a VNS (Vagus Nerve Stimulator) device? | | | | | | | | | | | | Yes | | | | |  | | | | | | | | No | | | | |  | | | | (Please tick) | | | |
| If your child has a seizure, at what point would transport staff need to alert emergency services? | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Child’s Health Needs and Medical Conditions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please read down the list below and indicate if any of these apply to your child; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Allergies | | | | | | | | | Yes | | | | | |  | | | | | | | | | | No | | |  | | | | | | (Please tick) | | | |
| Autistic Spectrum Disorder | | | | | | | | | Yes | | | | | |  | | | | | | | | | | No | | |  | | | | | | (Please tick) | | | |
| Balance and co-ordination difficulties | | | | | | | | | Yes | | | | | |  | | | | | | | | | | No | | |  | | | | | | (Please tick) | | | |
| Breathing problems (i.e. asthma) | | | | | | | | | 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) | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Description of current behaviours** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please consider the list below and indicate any that apply to your child; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Verbal e.g. Swearing, verbally abusive | | | | | | | | | | | | | | Yes | | | |  | | | | | | | No | | | |  | | | | (Please tick) | | | | |
| Physical e.g. Biting/punching/kicking/slapping/body holds/spitting | | | | | | | | | | | | | | Yes | | | |  | | | | | | | No | | | |  | | | | (Please tick) | | | | |
| Throwing missiles | | | | | | | | | | | | | | Yes | | | |  | | | | | | | No | | | |  | | | | (Please tick) | | | | |
| Emotional outbursts | | | | | | | | | | | | | | Yes | | | |  | | | | | | | No | | | |  | | | | (Please tick) | | | | |
| Grabbing; hair/neck/arm/clothing/jewellery/spectacles | | | | | | | | | | | | | | Yes | | | |  | | | | | | | No | | | |  | | | | (Please tick) | | | | |
| Undressing | | | | | | | | | | | | | | Yes | | | |  | | | | | | | No | | | |  | | | | (Please tick) | | | | |
| Sexualised behaviour or language | | | | | | | | | | | | | | 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) | | | | |
| Responds badly to change | | | | | | | | | | | | | | Yes | | | |  | | | | | | | No | | | |  | | | | (Please tick) | | | | |
| Others, not listed above | | | | | | | | | | | | | | Yes | | | |  | | | | | | | No | | | |  | | | | (Please tick) | | | | |
| If you have ticked yes, please provide further details including the frequency. Where possible please outline any actions that should be taken or warning signs drivers and passenger assistants need to be aware of: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If for any reason where it might be necessary to restrain your child, please give details. Please note physical intervention/restraint on a child is only ever used as a last resort to protect their safety and prevent harm. Does your child have any medical conditions which mean they should not be restrained / held? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | Yes | | | | |  | | | No | | |  | | | | (Please tick) | | | | | | |
| If yes, please provide further information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Child’s mobility and access to transport** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Local Authority uses school buses that have similar access to public transport, please confirm whether your child is currently able to access public transport? | | | | | | | | | | | | | | 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 state 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 * The wheelchair must fit your child’s height and weight as given by the manufacturer’s instructions * 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** | | | | | | | | | | | |
| Based on the information you have provided we will assess your child’s needs and allocate the most appropriate commissioned transport This will also take into account the best use of the councils resources, and the vehicles available, the provision of passenger assistants or use of personal budgets and free travel passes.  If you do not want us to provide a vehicle to transport your child please indicate your preference. | | | | | | | | | | | |
| * Free Travel Pass – this will allow your child to access public transport free of charge during journey’s to and from school only. A separate application will be required. | | | | Yes | |  | No | |  | | (Please tick) |
| * Personal Transport Budget – if this is agreed we will provide a monthly allowance to you so that you can make your own arrangements to transport your child to and from school. | | | | 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 immediately pending review and reassessment of my child’s needs. * I understand that if transport has been withdrawn I am responsible for my child travelling to and from school. * If it is necessary for staff 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. * I understand that I must be at the home address when my child is collected and returned home from school as stated in the Home to School Transport Policy.   **Home to School Transport Privacy Notice**  This notice explains what personal information the council holds in relation to school admissions, how we collect it, how we use it and how we may share that information. We are required to give you this information under data protection law.  The SEND Transport Team can be contact by; Email; [SENtransport@hullcc.gov.uk](mailto:SENtransport@hullcc.gov.uk) Telephone; 01482 300 300  Post: Room 128, 2nd Floor, Guildhall, Alfred Gelder Street, Hull, HU1 2AA  We collect information in order to allow us to meet our statutory obligations in relation to processing requests and arranging home to school transport.  During our work we may collect the following information;   * Basic information (such as Name, Address, DOB, Gender) about the pupil * Information about the Special Educational Needs, including medical information of the pupil where this is appropriate * Details about the behaviour of the pupil and relationships with adults and other children * Information about the school life (such as attendance, exclusions) of the pupil * Details of the parent/carer/family members of the pupil * Details from other council departments e.g. fraud, council tax, social care, operational transport, transport planning, * Any information from services that work or have worked with the pupil.   We will process this personal information in accordance with the following conditions in the GDPR:   * 6(1)(c) processing is necessary for compliance with a legal obligation to which the controller is subject  1. Education Act 1996 amended 2002 2. School Standards and Framework Act 1998 3. Education and Inspections Act 2006  * 9(2)(f) processing is necessary for the establishment, exercise or defence of legal claims or whenever courts are acting in their judicial capacity.   We will receive information relating to the child we are assessing and their family from, the family themselves, schools and other professional agencies involved with the family.  We may share your personal information with schools, health professionals, police, independent bodies who transport the pupil, the council’s SEN team, the team responsible transport planning and fraud investigation or any other relevant agency  In line with statutory obligations we keep information about admissions for seven years and information. More details about how Hull City Council uses personal information can be found on our website at <http://www.hull.gov.uk/help/oruvact-notice>  If you would like to enquire about how your personal information is processed by us or wish to complain please contact;  Hull City Council, Data Protection Officer, Room 11, Guildhall, Alfred Gelder Street, Hull , HU1 2AA  You also have the right to complain to the regulator –  Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF  Telephone 0303 123 1113 (local rate) or 01625 545 745 if you prefer to use a national rate number  Online enquires – <https://ico.org.uk/global/contact-us/emmails/> | | | | | | | | | | |
| **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  Room 128, Guildhall  Alfred Gelder Street  Hull  HU1 2AA |
| **Or email your completed application form to:** | [SENTransport@hullcc.gov.uk](mailto:SENTransport@hullcc.gov.uk) |