

## Special Transport Needs for Students aged 16-18

*(Plus continuing learners who started their programme of learning before their 19th birthday)*

If you would like to discuss transport arrangements for your son or daughter, or would like assistance in completing your application, please discuss with your Connexions Personal Adviser or contact Home to School Transport Team.

### POST 16 TRANSPORT AGREEMENT

#### ***I am applying for Post 16 transport for***

Name of student:	
Date of birth:	
Name of person with responsibility for paying the contribution (e.g. parent or carer)	
Signature of responsible person:	
Date:	

***I agree to pay a contribution of the first £340 for post 16 transport and I understand that provision of this service is dependent on the agreed payment arrangement being met. Failure to pay the contribution could affect transport arrangements for your son/daughter provided by Hull City Council***

**You may ask someone to complete this form on your behalf, or you can ask your Connexions Personal Adviser for help.**

#### **Personal information about you**

Address:			
		Post Code:	
Tel/Mobile No (of preferred contact):			
Date of Birth:		Age at 1 Sep 2019:	
Email address:			
Which school did you attend?			
Are you returning to college or sixth form school?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an Education Health Care Plan in force prior to the start of your course?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give reasons for your special transport requirement:			

*Please continue on a separate sheet if required*

#### **Your current travel arrangements**

Do you currently receive LA funded transport e.g. taxi/minibus?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a Personal Assistant currently provided for you?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Post 16 Transport Application Form

Your course details		
Course Title:		Date course starts:
Is this your first qualification/learning programme at the School or College?		Yes <input type="checkbox"/> No <input type="checkbox"/>
What year did you start your qualification/learning programme?		
Name of School or College to be attended:	Site where course will be held:	
If not the nearest college or sixth form where you can follow the course, please explain your reasons for choosing this college or sixth form. <i>Transport assistance may not be available if the same course can be followed at a nearer establishment</i>		
Course Timetable		
To assist with the scheduling of the transport arrangements please identify when days you are attending your course:		
Day	AM (Please tick if attending)	PM (Please tick if attending)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Independent Travel		
Are you able to travel safely and independently in your spare time?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you undertaken any independent travel training?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have undertaken independent travel training and you are not able to travel safely yet, please describe what further training/support could be provided to help you to travel independently?		
Additional information/comments		

## Post 16 Transport Application Form

<b>Your transport requirements</b>			
Adapted seat and/or harness?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you travel in a wheelchair?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require a wheelchair?		Do you need to sit in the wheelchair during travel?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Manual or Electric? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you need lifting into the vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please state make and model of wheelchair:			
Does the vehicle need to have a tailgate fitted?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you need a Personal Assistant?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason why a Personal Assistant is required?			
If yes, will the Personal Assistant require specialist training? (Describe briefly)			
Appliances or medication to be carried during the journey? (Describe briefly)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there anything else that you think should be considered for your travel requirements? for example, this might be things that make you uncomfortable or anxious during travel			
Are there any medical, behavioural needs you think should be aware of for your journey?			
Have you ever been "looked after" by a Local Authority?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have, please tell us which Local Authority:			

<b>Declaration</b>			
Signed:		Date:	
If you have asked someone else to complete this form on your behalf, please ask them to fill in this section.			
Name of person completing this application:			
Signature:			
Date:			
Contact phone number or address (if different from above)			