Application for Home to School/College Travel Assistance

You should only complete this form if you live in the Coventry area and have read Coventry’s travel assistance policy, available at www.coventry.gov.uk. All applicants must complete the appropriate sections.

**PLEASE USE BLACK INK**

All applicants MUST complete Section 1, 2, 8 & 9

<table>
<thead>
<tr>
<th>SECTION 1</th>
<th>Personal details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child’s details</strong></td>
<td></td>
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<tr>
<td>Child’s family name/surname</td>
<td>First name</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Male</td>
<td>Female</td>
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<tr>
<td>Child’s home address (full address including post code)</td>
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<td></td>
<td>Post code:</td>
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<tr>
<td>Date moved into this address (DD/MM/YY)</td>
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<tr>
<td><strong>Parent / Carer’s details</strong></td>
<td></td>
</tr>
<tr>
<td>Mr</td>
<td>Mrs</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Family name/surname</td>
<td>First Name</td>
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<tr>
<td>Parent/Carer’s address (if different from above)</td>
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<tr>
<td></td>
<td>Post code:</td>
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<tr>
<td>Email address (one character per box)</td>
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</tbody>
</table>
Daytime telephone number

Relationship to child (mother/father/carer etc)

Emergency Contact (your emergency contact must live in Coventry)

Name & address

Daytime telephone number

Relationship to child

SECTION 2  
School / College details

Please give the full name of the school/college your child currently attends (or will be attending)

Date of admission to this school  (DD/MM/YY)

Yes          No

Is this the nearest appropriate school/college to your address?  

Yes          No

If no, did you request a place at your nearest school/college?

The Journey

How does your child currently travel to school/college? (Please tick)

Walk                 Bus                 Train                 Parents                 Friend                 Taxi

Other (please specify)

If your child has (or previously had) a Statement of Special Educational Needs or an Education, Health & Care Plan (EHCP) – **Go to Section 3**

If your child does not have either of the above, but has a medical condition that prevents them from using public transport – **Go to Section 4**

If your child does not have any of the above – **Go to Section 5**

SECTION 3  
Students with Special Educational Needs
Please give reasons why you are requesting assistance with transport:

Has your child received independent travel training?  
[ ] Yes  [ ] No

Has your child been offered independent travel training?  
[ ] Yes  [ ] No

Are you able to take your child to school/college?  
If no, please explain why?  

[ ] Yes  [ ] No

Can another adult take your child to school/college?  
[ ] Yes  [ ] No

Have you been provided with mobility allowance/a vehicle to transport your child?  
If yes, please state which component you receive.  
If yes, please provide proof of entitlement (*please do not provide original documents as we will not be returning them to you*)

Please explain why you cannot use this to transport your child to/from school/college

Now go to Section 6

SECTION 4  Children with a medical condition

Please give reasons why you are requesting assistance with transport

Is your child’s medical condition temporary?  
[ ] Yes  [ ] No
If yes, when did this medical condition occur? (DD/MM/YY)

How long is it anticipated that your child will have this medical condition?

Please enclose up-to-date evidence of your child’s medical condition or injury i.e. a letter from your child’s Consultant detailing this. (Please do not provide original documents as we will not be returning them to you)

If your child has been seen by an Occupational Therapist or Physiotherapist, please also include their contact details as we may need to discuss your child’s mobility with them.

Name of medical professional:
Department:
Contact Telephone number:

Now go to Section 6

SECTION 5 Students without special educational needs or a medical condition

Please give reasons why you’re requesting transport

If you feel that there are exceptional circumstances which need to be considered as part of your application, please state these reasons below and provide supporting evidence. If you need more space, please continue on a separate sheet of paper.
SECTION 6  Special requirements / additional information

Does your child use a wheelchair or mobility aid?  
Yes  No

If yes please provide details:

Can they transfer safely from this wheelchair to a seat in a vehicle?  
Yes  No

Does your child have a medical condition that should be known to the driver/escort e.g. epilepsy? If yes, please give details

Does your child require any regular medication that may need to be taken on the journey to and from school/college?  
Yes  No

If yes, please give details

Does your child require an escort? If yes, why?  
Yes  No

Do you have an allocated Social Worker?  
Yes  No

If yes, please provide their details:

Name:

Number:

*We reserve the right to discuss your application with your allocated Social Worker to identify whether alternative forms of support can be offered.*

SECTION 7  POST 16 ONLY

Which college do you attend (or will you be attending)?
Full title of course you are attending

Start date
(DD/MM/YY)

Length of course

Part time

Days attending each week (Please tick)

Mon Tue Wed Thu Fri

Will you be receiving financial assistance from the school/college’s 16-19 bursary fund?

Yes No

SECTION 8 Forms of Travel Assistance

Coventry City Council decides which form of travel assistance to offer in individual cases. When making this decision we will consider, amongst other things, cost and our sustainability policy.

Travel assistance will normally be in the form of a bus pass. If your you/your child is unable to travel by public transport, an alternative form of travel assistance may be provided. If known, please indicate which form of travel assistance you would prefer (please tick):

- Independent travel training to enable you/your child to use public transport
- A mileage allowance to transport your child to school (Personal Transport Budget)*
- Home to school transport (taxi or minibus)
- Bus pass reimbursement**
- Train pass reimbursement**

*If your preferred option is to receive a mileage allowance, please provide your bank details below and we will also send you a letter of agreement and contract stating your entitlement.

**If your preferred option is to receive reimbursement for fares, please provide your bank or building society details below – a contract will also be sent out to you for you to sign.

Full name of Bank/Building Society:
SECTION 9

Declaration

I wish to make an application for travel assistance. I certify that the information given is true to the best of my knowledge and belief. I understand that any false or deliberately misleading information given on this form and/or supporting documents, or any relevant information withheld, may render this application invalid. If I receive any financial assistance based on false or deliberately misleading information and/or do not inform Coventry City Council of any change in circumstances which may affect any entitlement to travel assistance, I may be liable for any costs incurred.

Signature of parent/carer (Or student if over 16 years of age)  Date

Name of parent/carer (Or student if over 16 years of age)
Please print name in block capitals

Information supplied will be used for registered purposes under the Data Protection Act 1998

Please send your completed application form and any supporting documents to either of the following:

Email: SEN@coventry.gcsx.gov.uk

Post:
SEND Management Services
New Council Offices
CC2.3
Earl Street
Coventry
CV1 5RS

Please note any supporting documents will not be returned therefore please send in copies and not original documents.