



## APPLICATION FOR ASSISTANCE WITH HOME TO SCHOOL TRANSPORT

### GUIDANCE FOR COMPLETION BY PARENTS / CARERS

This form must be completed by Parents/Carers who wish to apply for travel assistance for pupils with Education, Health and Care Plans (or without an SEN in exceptional circumstances). Tameside Council's Policy on the provision of Support for Home to School Transport for pupils with Special Educational Needs is available on our website: <http://www.tameside.gov.uk/education/transport/5-16policy>

Or by contacting the Integrated Transport Unit team on:

Tel: 0161 342 3205 / 3691

Email: [itu@tameside.gov.uk](mailto:itu@tameside.gov.uk)

Applicants must fully complete the form and provide as much supporting information as possible as the information will be used to assess whether your child may be eligible for travel assistance.

As part of your application you may wish to provide additional documentation to support your application e.g. medical records, employment records, EHCP's.

**Please note we are unable to return any documentation to you, please ensure you only provide copies that can be destroyed by the authority on completion of your application assessment.**

Once the form has been received you may be contacted to discuss the next step.

Where the Council agrees to arrange transport, the transport arranged will **usually be by public transport** and the assistance will take the form of a bus or rail pass, but it may also be:

- A personal transport budget paid to the parents/carers;
- provision of an escort to accompany the child or young person;
- a place in a taxi or minibus with other children and young people.

If assistance is declined you will be notified in writing stating the reason(s) why. If you disagree with the decision you may appeal. Details on how to do this are explained in the decision letter you will receive once this application has been processed.

Applicants should allow approximately 30 days from receipt of application / final supporting evidence by the Council, to travel assistance decision / commencement.

**Please note that it is the legal responsibility of the parent / carer to ensure their child attends school regularly and including the period during this application process. We are unable to provide interim arrangements or reimburse the cost of travel whilst your application is being assessed.**

If your child has an Education, Health and Care Plan (EHCP) they are entitled to a free travel bus/rail pass for use on public transport. You can apply for this pass by contacting Transport for Greater Manchester on 0161 244 1000.



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<b>1) Name of Pupil</b>		
<b>2) Date of Birth</b>		
<b>3) Home Address</b> (including Postcode)	..... ..... ..... ..... .....	
<b>4) Parent(s) / Carer(s) contact</b> <b>Telephone Number (s)</b>	<b>Name (s)</b>	
	<b>Landline</b>	
	<b>Mobile</b>	
<b>5) Name of School to which</b> <b>Travel Assistance is required</b>		
<b>6) Year Group (On Transfer)</b>		
<b>7) Current School (If different)</b>		
<b>8) Is the school named in your child's EHCP:</b>		
<b>a) Your local School?</b> <b>b) A school the Local Authority have chosen to meet your child's needs?</b> <b>c) A school of your own choice (if you tick this box, please give your reasons below for not choosing the Local Authority's recommendation)?</b>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	
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<b>9) Does your child have an Education, Health and Care Plan (EHCP)?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>10) Details of Need</b> (Please supply full details below of the individual needs of the child and why you feel you are unable to make your own arrangements with regards to your child's attendance at school. Continue on separate sheet if required and attach to application).		
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		
<b>11) Does your child have a Mobility Impairment?</b> If Yes, please specify your child's mobility impairment. Please also explain how your child normally travels outside school hours/terms etc. (For short term mobility problems, please provide medical evidence)	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>12) Do you claim Disability Living Allowance for your child?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
If Yes, please indicate which level of Mobility: Higher rate <input type="checkbox"/> Lower rate <input type="checkbox"/>		
<b>12a) Is your child in receipt of free school meals</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

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<b>13) Does your child have a wheelchair for everyday use which they cannot travel without?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify the type			

<b>14) In your opinion is your child able to travel on public transport safely?</b>	
Yes, on their own <input type="checkbox"/>	Yes, with support <input type="checkbox"/>
No, even if they have support <input type="checkbox"/>	
If you have answered No to the above question please specify reasons below (if you have already supplied evidence of this in sections 10 or 11 (above), ignore this question)	
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

<b>15) How many buses / trains would you / your child need to catch to travel to school?</b>			
One <input type="checkbox"/>	Two <input type="checkbox"/>	Three <input type="checkbox"/>	

<b>16) Does the family have a car?</b>		
No <input type="checkbox"/>	Yes, one <input type="checkbox"/>	Yes, more than one <input type="checkbox"/>
If yes is the vehicle provided for the pupil under a Mobility, or other, scheme?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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<b>17) Do you or your partner have a disability which you feel prevents you from assisting or arranging your child's attendance, or accompanying them to school?</b> (Please specify details of you or your partner's disability below). Medical evidence will be required if you answer yes to this section. Please ensure you attach such evidence (e.g. a statement from your consultant or GP) to this form when submitting.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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<b>18) Your working arrangements.</b> <b>Are you and/or your partner in employment?</b>	<b>You:    Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Your     Yes</b> <input type="checkbox"/> <b>Partner: No</b> <input type="checkbox"/>
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If self-employed please specify your current working arrangements below, please include nature of work, address and working times etc. Any other relevant information or evidence to enable a complete assessment of your application.

If employed you must provide signed confirmation of employment including days and hours work, from your employer or manager on company headed paper.

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<b>19) Are you, or another appropriate person, available to travel with your child to school in a morning and/or afternoon?</b> (An appropriate person may be a family member, friend or relative) (If not, or only partially, available, please specify the reason.)	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		

<b>20) Do you have any other children?</b> (If yes, please list all other children living at the same address)	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
	<b>School Times</b>	

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Name	Age	Year Group (if applicable)	School (if applicable)	Start	Finish

21) If your child has an ECHP and is assessed on completion of the application process, as eligible for home to school transport assistance, you may be eligible for consideration of a personal budget, personal budgets are financial payments provided to parents/carers who are able to make their own transport arrangements cheaper than the Council can provide them. For more information on personal budgets please go to <https://www.tameside.gov.uk/localoffer/families/personalbudget>

Please tick the relevant box below.

I am interested in being considered for a personal budget

I am not interested in being considered for a personal budget

**22) Emergency Contact Details**

Please supply the names, addresses and/or landline/mobile numbers of at least TWO emergency contacts (NOT parents' mobiles or home phone/address details). We cannot process any applications without these details.

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**23) Please provide any additional information you may think is relevant as the council considers your request for SEN Transport: Please use a separate sheet of paper if necessary**

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**IMPORTANT: Application checklist. A decision on eligibility will be based on the information given on this application. Unfortunately, incomplete applications, or those returned without the requested evidence, will not be processed. Please ensure ALL sections are completed and evidence is returned using the checklist below. Have you?**

**HAVE YOU** - Completed ALL sections fully?  
Have you attached the following, if applicable:

- 1) Statements from GP or consultant (medical evidence)
- 2) Statements from other professionals (if you believe you have exceptional family circumstances)
- 3) Employment working arrangements including days of work, start/finish times and hours worked to be provided by your employer/s on company headed paper
- 4) Emergency Contact details

**Data Protection**  
The information you have provided on this form will be treated in confidence for the purpose of assessing eligibility and providing Home to School Transport in accordance with data protection legislation (UK General Data Protection Regulations and the Data Protection Act 2018).





## **APPLICATION FOR ASSISTANCE WITH HOME TO SCHOOL TRANSPORT**

The information will be used in accordance with the Education Transport Policy and for the purpose of processing applications for pupils travel assistance as required to fulfil the Council's duties under legislation, statutory or contractual requirement or obligation.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with external organisations whose business it is to assist in the service delivery of transport solutions to eligible students and with the Department of Education for statistical purposes only. The personal data is not shared with anyone else and will never be disclosed for marketing purposes.

The information contained on this application form will be retained until your child no longer requires travel assistance provided by the Council and then for a further 6 years from the date that travel assistance ceases and shall be processed in adherence to your legal rights, which are set out in our privacy notice which can be found at [Tameside Metropolitan Borough Council Data Protection Privacy Notice](#). Your personal data will be stored and used in accordance with this Policy.

Should you require a hard copy of our privacy statement then please contact the Integrated Transport Unit team on 0161 342 3212 / 3691/ 2717 or via email to [itu@tameside.gov.uk](mailto:itu@tameside.gov.uk)

### **Parent / Carer Declaration**

**Your signature applying for assistance with travel is taken as your acceptance of the following:**

- I confirm the information on this Application Form is correct, complete and based on appropriate professional medical and behavioural advice. I understand that the service may be stopped if any information on this form is found to be incorrect.
- I have enclosed the extra information and supporting evidence I want you to consider.
- The provision of transport will be reviewed on a regular basis (minimum annually).
- I will inform Tameside Transport Team immediately of any changes relevant to this application. I am aware that any change of circumstances e.g. change of address may affect my child's entitlement to travel assistance. This may also result in a change to the type of travel assistance awarded.
- I accept that the council may withdraw travel provision if the behaviour of my child presents a health and safety risk to themselves or others while travelling on the transport.
- I agree the information contained in this application (Including any SEND information) can be shared with the Transport providers selected by the council for the purposes of delivering the Home to School Transport Service.
- I accept that the Council may request additional information from other professionals, for example consultants or social care professionals, in order to make a decision on eligibility.

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- I agree that my child will be ready at the agreed pick up point at the agreed time each morning.
- I am responsible for ensuring an appropriate person meets my child off the transport, if awarded, unless I inform the Council in writing.
- I am aware that the assessment will allow the council to decide what form of Home to School Travel assistance will be awarded.

Signatories are responsible for the accuracy of information provided

<b>Signed:</b>	
<b>Print Name:</b>	
<b>Date:</b>	
<input type="checkbox"/> I have parental Responsibility for the pupil named in this application form <input type="checkbox"/> I am a representative of the family and have consulted the on the contents of this form and confirm that I am authorised to sign on their behalf. <b>NB If you are completing this form on behalf of a parent/carer it is your responsibility to ensure the family fully understand the contents of this application form.</b>	

**Please return your completed application to:**

Integrated Transport Unit  
Tameside Council Transport Services  
Tame Street  
Stalybridge  
Cheshire  
SK15 1ST

Tel 0161 – 342 – 2717 / 3691/ 3212

E-mail: [itu@tameside.gov.uk](mailto:itu@tameside.gov.uk)