

RETURN TO:
 Travel Assessment and Training Team
 Business Strategy
 Children Young People and Families
 Floor 7, Moorfoot Building,
 Sheffield, S1 4PL
 Tel: 0114 2053542



Request for Travel and Transport Arrangements

This form is to be used to request travel support in line with the Sheffield City Council's Home to School Policy and SEN Home to School Transport Policy, Home to school travel and transport guidance (July 2014).

Section 1

Pupil's name:	D.O.B. ____ / ____ / ____
Current School:	Male/Female:
Proposed School:	
Parent/Carer's name:	
Pupil's home address:	
Postcode:	
Contact Tel. No:	

Section 2

Circle the reason(s) for requesting support with your child's journey to school

Medical	Emotional /Behavioural	Mobility / Physical
Hearing Impaired	Visually Impaired	Parent / Carer Circumstances
Other e.g. temporary medical condition, rural address		

In the section below, please provide detailed information for your request for travel support
 Please also ensure that SECTION 3 is completed by the child's G.P, Consultant or Nurse, as appropriate – without this, requests will not be considered. SECTION 3 MUST be completed by the child's G.P, Consultant or Nurse and be dated within the last 12 months.

Do you have any issues that prevent you from taking your child to school e.g. taking siblings to other schools: (please state which schools)

Please continue on next page

Section 2 Continued...

Pupil's name:

D.O.B. ____ / ____ / ____

Does your child have any experience of using public transport, with or without support or self-travelling, using money and telling the time?

Does your child know their local area e.g. go to their local shop?

How does your child currently get to their place of education?

If you are eligible for travel support you can use your own vehicle and claim travel costs. Would you be interested in this? Yes No

Does your child have a disability bus pass, Yes/No:

Do you receive DLA for your child? Yes/NO

If yes please state level of care and mobility benefit you receive e.g. lower, middle or higher?

Signature:

Date:

Name:

Relationship to child / young person:

ONLY COMPLETE IF YOUR REQUEST IS FOR TEMPORARY TRANSPORT.

SECTION 3 - To be completed by the child's G.P, Consultant or Nurse, as appropriate. All requests for travel support MUST be supported by SECTION 3 from at least one of the above professionals AND be less than 12 months old (continue on a separate sheet as necessary).

Section 3		
Pupil's name:	D.O.B. ___ / ___ / ___	
Mobility		
Is the young person able to walk unaided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does the young person use any form of walking aid / wheelchair?		
How far would you estimate they can walk without considerable difficulty or needing support?		
As a direct result of walking does the young person suffer from pain and / or breathlessness? Please circle		
Pain	Breathlessness	Both
If yes to the above in your professional option would you say this is:		
Mild	Moderate	Severe
Is medication or intervention such as Physiotherapy required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is walking / mobility affected by any of the following?		
Posture	Co-ordination	Pot / Cast / Operation
Balance		
If yes how does this affect them and after how long are there signs of discomfort?		
Would you consider this to be a long or short term issue or is this something which could improve over time with age / medication / therapy?		

Expected date of recovery if applicable

Additional Need

Does the young person have a special need e.g. emotional / behavioural / mental wellbeing / learning disability which is currently under investigation / awaiting diagnosis? Please indicate

Has medication / therapy been prescribed? Yes No

If 'Yes' to the above does this effect:

Sleeping Patterns	Attention Span	Language / Communication / Speech
Mood Swings	Social Awareness	

From a professional perspective can you explain the effect on the young person relating to any of the above?

Is there any history of inappropriate behaviours or self-harm to themselves or others? Yes

No Please provide a description of inappropriate behaviours

Are any other services involved e.g. MAST / Social Care / CAMHS / Ryegate?

(Please provide any contact details)

Temporary - Physical to Medical

Please provide a description of the temporary condition

Please confirm how long the temporary condition will last / finish

Start date:

Expected end date:

Signature:	Date:
Name:	
Position:	

Guidance Notes

This form is to be used to request travel support in line with Sheffield City Council's SEN Home to School Transport Policy and SEN Home to School Transport Policy, Home to school travel and transport guidance (July 2014).

All travel support eligibility and arrangements are subject to review by the Authority.

Travel and Transport support is not provided automatically and is subject to regular review. Having read the policy, if parents / carers believe that their child should be given travel assistance they should complete the request form overleaf with as much detail as possible.

All requests must have a SECTION 3 completed by the child's G.P, Consultant or Nurse, as appropriate. AND be less than 12 months old (continue on a separate sheet as necessary).

All requests are considered by a Panel of Senior Officers.

The Panel aims to meet at least half termly and notification of decisions will be given in writing.

You have the right to appeal the decision not to allocate travel support. Please refer to the SEN Home to School Transport Policy for more details.