

**FORM A (T2023-24)**

**Using your data for Travel Support**

Dear Parent /Carer

Please read carefully the following information as it is important that you know what we do with the information that you provide.

**What do we need the information for?**

Sheffield City Council have sent you this Request for Travel Support to complete so we can consider eligibility to provide the most appropriate travel support to meet your child’s needs.

**What we will do with the information**

Once we receive this information it will be considered at the Travel Panel to enable a decision to be made. The information will then be securely stored for a period of one year, following which it will be appropriately disposed of.

**Who will see the information?**

The information that you provide will **only** be seen by relevant Sheffield City Council staff linked to the travel and transport teams.

The information that you have provided is covered by the Data Protection Act 2018.

**How long will we keep the information?**

The council will only retain the information about your child for a period of 1 year following receipt of your Request for Travel Support.

**Who do I contact if I have any questions?**

If you have any concerns or wish to have further information regarding how we process and share data please do not hesitate to contact us on 0114 2053542 or email: [indetravel@sheffield.gov.uk](mailto:indetravel@sheffield.gov.uk).

**What are your rights?**

You have rights under data protection law. For further details about your rights, the contact details of our Data Protection Officer and your right to make a complaint please see our data protection webpage

**http://www.sheffield.gov.uk/content/sheffield/home/your-city-council/data-protection.html**

If you don’t have access to the internet, please contact us and we will be able to provide paper versions of the information you require.

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| **Name of child** |  |
| **Parent / Carer Name** |  |
| **Date** |  |

Please complete all parts of thisform so that your application can be considered. Please provide as much detailed information as possible. Please return it to **Travel Assessment & Training Team, Moorfoot Building, Level 7 West Wing, Sheffield S1 4PL.**

**Your Request for Travel Support cannot be progressed without your permission to use this Data. Please see Parent/carer Data Consent below.**

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| **Parent / Carer Data Consent** | **Please Sign** |
| **I give my consent for the data in the Request for Travel Support form to be used to assist in the eligibility when considering travel support for my young person:** |  |

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| **Reasons For Completing This Form:** | **Please Tick Appropriate Box:** |
| **New Application:** |  |
| **You Have Been Asked to Reapply for Support:** |  |
| **Your Young Person is Changing Sch/College Site:** |  |
| **Your Young Persons Needs**  **Have Changed:** |  |
| **Change Of Address:** |  |

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| **If your young person is awarded travel support as a result of the application, what is the confirmed start date?**  ***Please note we do not provide travel support for transition visits.*** |  |

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| **FORM A**  **Education & Skills - Peoples Services**  **Post 16 Request for Travel Support Application Form** |

**If you are offered transport as your young person’s travel support option, you will be required to pay a contribution amount depending on the days attending during the week. Payment details will be sent to you in your decision letter. An Invoice will be sent once transport and school / college has verified attendance.**

When transferring into Post 16 Education the travel support needs of all young people with learning difficulties or disabilities are reviewed.

**Please explain why your young person could not get themselves to school/college. If they are unable, please explain why you or a family member are unable to support your young person to their Post 16 Educational Site.** (*There is no automatic entitlement to free home to school or college transport once a student is over 16 years and beyond statutory school age).*

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| **Section One** | |
| **Pupil’s name:** | **D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_** |
| **Male/Female/Prefer not to say/Prefer to self-describe:** |  |
| **Parent/Carer’s name:** | |
| **Student’s home address:** | |
| **Postcode:** | **Email:** |
| **Contact Tel. No:** | **Mobile:** |
| **Current Post 16 School/college/provision:** |  |
| **Section Two: Intended Educational Provision** | |
| **Post 16 School** 🞎  **City College Campus**  **Peaks College Campus**  **Hillsborough College Campus**  **Freeman College**  **Longley College** | **Sheaf** 🞎  **Other- Please give details** |

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| **Section Three: The Young Persons Information** |

Does the young person have an EHC Plan? Yes  No

Within the EHC Plan is there an outcome for Independent Travel?

Yes No

Does the young person have a travel disability pass issued by the SYPTE (South Yorkshire Passenger Transport Executive)?

Yes  No

How does the young person currently get to and from their place of education?

Minibus  Independent Travel Training

Taxi  Life Skills Training

Walking  Self Travel with support

Cycling  Parents take in car

Get Going  Public bus/tram

**If this request is based on medical grounds, we will require up to date medical information.** (Use additional sheets as necessary).

Is Medical Evidence Provided to Support This Application Form:

Yes No

Has the young person had any experience of traveling on public transport, with or without adult support or travelling themselves?

Yes  No

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| Please give further information: |

Does the young person go out independently, with friends or accompanied by an adult? Is this in the local area or elsewhere?

Yes  No

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| Please give further information: |

Does the young person have experience of using money e.g., going to the shops, paying on public transport etc?

Yes  No

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| Please give further information: |

**If the young person is eligible for travel support -** Would you be interested in Sheffield City Council paying you mileage for taking your young person between home and school/college? This would be 45p per mile, and could be for 1 or 2 return journeys per school day depending on individual circumstances.

Yes                                    No  

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| **Signature: Date:**    **Print Name:**    **Relationship to child / young person:** |