



Lewisham Travel Training Referral Form

Date of Referral					
Learner Name					
Address					
Gender		DOB		Age	
Parent/Carer Contact Details	Name & Title				
	Relationship to learner				
	Home Tel. No.				
	Mobile No.				
	Email				
Referrer Contact Name					
Referrer Address					
Referrer Contact Details	Telephone No.				
	Email				
Does the learner have a learning difficulty or disability – please specify.					
Does learner have a hearing impairment? Please specify.		Does learner have a visual impairment? Please specify.			
Is learner a wheelchair user? Please describe, is it manual or electric etc.					
Has learner ever needed support for managing their behaviour, e.g. becoming worried, angry or upset?					

<p>If yes, please describe what support is needed and why. Are there any triggers to changing behaviours?</p>	
<p>Does learner still need this support?</p>	
<p>Name of current School/College/Training or other provider.</p>	
<p>What qualifications does learner have or what are they working towards?</p>	
<p>Is learner planning to attend college, undertake work experience or another course – please provide details including start date.</p>	
<p>Does learner currently use public transport – if yes, please describe journeys undertaken. Does learner have travel card e.g. Oyster card?</p>	
<p>Does learner have any commitments that might prevent them from attending Travel Training sessions? E.g. physiotherapy,</p>	
<p>What journey does learner wish to make?</p>	
<p>How did you hear about Lewisham Travel Training?</p>	
<p>If referral is from a school or college, please supply name and contact details for the Safeguarding Officer/person.</p>	
<p>Is learner applying for local authority assistance with transport arrangements? Please give details of any transport applications or appeals.</p>	
<p>Has travel training been recommended as part of a student review or transition plan?</p>	
<p>Does the learner have an Educational Health and Care Plan? (EHC plan)</p>	
<p>Are you aware of any identifiable risks to a lone worker undertaking a visit to the family home?</p>	

Please supply any further information relevant to this application.	
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Please return this form to:
Lewisham Travel Training
Travel Co-ordination Team
Kaleidoscope
32 Rushey Green
Catford,
SE6 4JF
Office - 020 8314 2106
Email: TCT@lewsiahm.gov.uk