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| **Travel Assistance Application form** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please complete this form and email it to:** [**tct@lewisham.gov.uk**](mailto:tct@lewisham.gov.uk) | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of application** | | | | | | | | | | | | | | | | | | | | | | | | |
| New application  Change of address  Change of needs  Change of school/college | | | | | | Date of address change: | | | | | | | | | | | | | | | | | | |
| **Child/young person details** | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | |  | | | | | | Last Name | | | | | | |  | | | | | Date of birth | | |  |
| Sex | Male  Female | | | | Does the child/young person have an EHC plan or statement of educational needs? | | | | | | | | | | | | | | | Yes  No | | | | |
| Home address | | | | | | |  | | | | | | | | | Postcode | | | | | |  | | |
| **Details of school/college** | | | | | | | | | | | | | | | | | | | | | | | | |
| School/college name | | | | |  | | | | | | | | | | | | | | | | | | | |
| School/college address | | | | |  | | | | | | | | | | | Postcode | | | |  | | | | |
| Why is child / young person attending this school / college *(parental choice / placed by SEN / named in EHC etc)?* | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent/carer information** | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/carer name | |  | | | | | | | | | | | Do you live at the child’s/young person’s home address? | | | | | | Yes  No | | | | | |
| Are you: | | Parent  Carer | | | | | | | | | | | Contact telephone number | | | | | |  | | | | | |
| Contact mobile number | |  | | | | | | | | | | | Email address | | | |  | | | | | | | |
| Parent/carer name | |  | | | | | | | | | | | Do you live at the child’s/young person’s home address? | | | | | | Yes  No | | | | | |
| Are you: | | Parent  Carer | | | | | | | | | | | Contact telephone number | | | | | |  | | | | | |
| Contact mobile number | |  | | | | | | | | | | | Email address | | | |  | | | | | | | |
| **Name of Sibling** | | | | | | | **Age** | | | | **School** | | | | | | | | | | | | | |
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| **Please provide details of people we should contact in an emergency**  (we will always try to contact the parent / carer named above first) | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | |  | | | | Name | | | | | | | | | | |  | |
| Telephone | | | | | | | |  | | | | Telephone | | | | | | | | | | |  | |
| Relationship to child/young person | | | | | | | |  | | | | Relationship to child/young person | | | | | | | | | | |  | |
| **Child’s/young person’s special educational needs** *(Tick as appropriate)*  **Please submit medical evidence with this application.** | | | | | | | | | | | | | | | | | | | | | | | | |
| Emotional and Behavioural difficulties | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| Learning Difficulties | | | | | | | | | | None  Moderate  Severe | | | | | | | | | | | | | | |
| Speech and Language difficulties | | | | | | | | | | Speech  Language  Both  None | | | | | | | | | | | | | | |
| Physical and neurological impairment | | | | | | | | | | Physical  Neurological impairment   Both  None | | | | | | | | | | | | | | |
| Visual Impairment | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| Hearing Impairment | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| Autistic | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| Please give a brief description of their needs and how they affect their ability to travel: | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does your child have any transport equipment requirements?** | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | | | | | | | | | | | | | Yes  No | | | | | | | |
| Travels in wheelchair/buggy | | | | | | | | | | | | | | | | | Yes  No | | | | | | | |
| Takes folding wheelchair in the vehicle | | | | | | | | | | | | | | | | | Yes  No | | | | | | | |
| Travels in an electric wheelchair | | | | | | | | | | | | | | | | | Yes  No | | | | | | | |
| Takes a folding buggy in the vehicle | | | | | | | | | | | | | | | | | Yes  No | | | | | | | |
| Infant seat | | | | | | | | | | | | | | | | | Yes  No | | | | | | | |
| Booster seat | | | | | | | | | | | | | | | | | Yes  No | | | | | | | |
| Crelling harness | | | | | | | | | | | | | | | | | Yes  No | | | | | | | |
| Other e.g. leg splints or walking frame: | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does your child/young person have any of the following healthcare needs?** | | | | | | | | | | | | | | | | | | | | | | | | |
| Epilepsy | | | | | | | | | | | | | | Yes  No | | | | | | | | | | |
| Emergency medication for epilepsy (e.g. buccal midazolam) | | | | | | | | | | | | | | Yes  No | | | | | | | | | | |
| Anaphylaxis (severe allergic reaction requiring adrenaline autoinjector) | | | | | | | | | | | | | | Yes  No | | | | | | | | | | |
| Diabetes | | | | | | | | | | | | | | Yes  No | | | | | | | | | | |
| Use of oxygen | | | | | | | | | | | | | | Yes  No | | | | | | | | | | |
| Oral or nasal suction required (excess salivation, risk of choking etc) | | | | | | | | | | | | | | Yes  No | | | | | | | | | | |
| Gastrostomy feed (enteral feeding) | | | | | | | | | | | | | | Yes  No | | | | | | | | | | |
| **Other Health Issues** *(Please give details)* | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Does your child / young person receive the mobility component of Disability Living Allowance (DLA)?** | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | If “Yes”, at which rate?  Lower  Higher | | | | | | | | | If entitled to Higher rate, do you have an accessible vehicle through the Motability Scheme? Yes  No  **(This does not affect our decision)** | | | | | | | | | | | | | |
| **Why are you applying for home to school / college Travel Assistance?** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **What are the main barriers that the child/young person faces when travelling?** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **How does the child/young person travel when they are not at school?** *(e.g. to and from non-educational activities and during the school holidays)* | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Behaviour** *We appreciate that as a result of their needs, some of our young people can exhibit challenging behavior at times. Information that you provide here will enable us to keep your child safe and comfortable. This will NOT affect the outcome of your application.* | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe behavior and what triggers it.** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe how you manage behavior and calm child / young person down.** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Types of Travel Assistance** | | | | | | | | | | | | | | | | | | | | | | | | |
| Where an application is successful, the Council will decide which is suitable based on the individual needs of each child / young person. Wherever possible, priority will be given to promoting and developing their independence. | | | | | | | | | | | | | | | | | | | | | | | | |
| **A seat on a vehicle** | | | | | | | | | | | | | | | | | | | | | | | | |
| This could be a place on a Lewisham Bus, or a taxi, as allocated by the council | | | | | | | | | | | | | | | | | | | | | | | | |
| **Direct payment** | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment of reasonable travelling expenses or allowances in respect of the use of particular modes of travel where a parent or carer or other appropriate adult makes suitable travel arrangements themselves. This could include mileage, fares, or payment for a carer to travel with the child / young person. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Independent travel training** | | | | | | | | | | | | | | | | | | | | | | | | |
| We want to help children and young people develop independence, social skills and life skills to their full potential. Children and young people can develop independent travel skills through one-to-one training. The training encourages and supports young people to travel independently. Children of secondary age are likely to be assessed for ITT. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent/carer agreement** | | | | | | | | | | | | | | | | | | | | | | | | |
| * I am applying for travel assistance as per the terms and conditions set out in this application form. * To my knowledge, the information I have given is true and correct. * Lewisham Council can withdraw travel assistance in certain circumstances. * Only correctly completed applications can be assessed for entitlement. * I will inform the Council immediately of any change of address or if my benefit changes or ceases. I understand that travel assistance will need to be reassessed and may not result in further entitlement. Any costs incurred during the reassessment will not be funded by Lewisham Council. * I accept that Lewisham Council is committed to maintaining acceptable standards of behaviour on all forms of travel assistance. Behaviour may be monitored by Lewisham Council and in extreme cases could result in travel assistance being re-evaluated and possibly withdrawn. * I understand that travel assistance can only be implemented from the main residential address which is the address on this application form. * If my child is unwell then it will be my responsibility to collect him/her from school. * I understand that travel assistance will not accommodate before- or after-school clubs.   I give permission to the Council’s Travel Coordination Team to request and receive information about my child’s needs from all health, education, and social care professionals involved. I also consent to this information being shared with all relevant professionals who are involved in providing travel assistance for my child.  If you **do not** wish to consent to this, tick the box. Ticking this box may delay your application as we will not be able to obtain information on your behalf. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent/carer signature** | | | |  | | | | | | | | | | | Date | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |

Please email your completed form, along with any medical evidence and / or supporting statements, to [**tct@lewisham.gov.uk**](mailto:tct@lewisham.gov.uk)

Alternatively, post to

**TCT, 3rd Floor, Kaleidoscope, 32 Rushey Green, SE6 4JF**