

# TRAVEL READY

YOUR JOURNEY CONTINUES HERE



## APPLICATION FORM

FOR YOUNG PEOPLE WITH SEND, AGED 16 TO 24,  
WHO ATTEND A COLLEGE

Please return your completed application to:  
The SEND Transport Assessment Team  
SENSAP  
Adams Court  
Kildare Terrace  
Leeds  
LS12 1DB

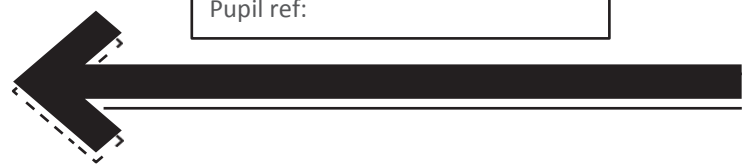


**Leeds**  
CITY COUNCIL



**APPLICATION FOR ASSISTANCE WITH HOME  
TO COLLEGE TRAVEL ARRANGEMENTS FOR  
YOUNG PEOPLE WITH SEND, AGED 16 TO 24  
WHO ATTEND A COLLEGE**

For office use  
Pupil ref:



**REASON FOR COMPLETING THIS FORM** - There is a guide on how to complete this form on the back pages

New application                       You are changing college/site                       Other  
 Change of address                       Your needs have changed/ you have changed your wheelchair

**PART 1 – YOUR DETAILS**

Firstname ..... Date of birth .....  
 Last name ..... Current age .....

**WHICH COLLEGE WILL YOU ATTEND?**

.....  
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Postcode .....

**If you are awarded support as a result of this application, what is the confirmed start date?**

.....

**PERMANENT HOME ADDRESS:**

.....  
.....

Postcode .....

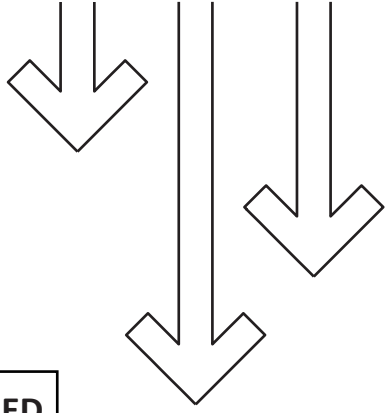
Have you moved house since your last application?                       Yes                       No

**If yes, please tell us:**  
 your previous address .....  
 the date you moved .....                       Tick to show you are including proof of the new address  
**As proof of address, we accept a council tax bill, tenancy agreement or utility bill stating the address**

Were you at school/ college last academic year?                       Yes                       No

If yes, which school/ college?	
How did you travel to and from school/ college?	

Do you have a National Concessionary Travel Permit that allows free travel after 9.30am?                       Yes                       No                       Don't know



**PART 1 - CONTINUED**

Please tell us how you travel on evenings and weekends

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Please tell us how you travel on college trips

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Are you capable of travelling independently on public transport;

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| Now, without any support?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Now, but only if accompanied by an adult?                                     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Following Independent Travel Training with a dedicated Travel Support Worker? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If you are unable to travel on public transport, even if accompanied by a responsible adult, please explain why

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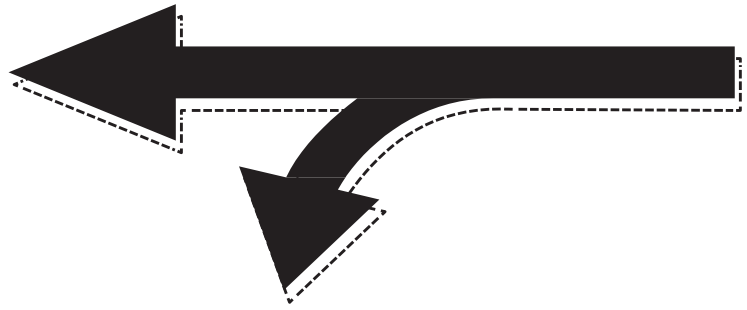
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**IF YOU ARE APPLYING FOR A ZERO FARE SCHOOL PASS, PLEASE ATTACH ONE PASSPORT-SIZED PHOTO (35MM X 45MM) HERE. ON THE BACK OF YOUR PHOTO WRITE YOUR:**

- **NAME**
- **COLLEGE SITE**
- **DATE OF BIRTH**



**PART 2 - YOUR NEEDS**

Do you have a finalised Educational Health Care Plan?

- Yes       No

**If you have ticked no please see note on page 18 of the guidance notes and enclose the evidence we require**

Please give details about your SEND, learning difficulty, permanent disability or temporary mobility issue, including any medical diagnosis that exists:

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Why do you feel you need transport assistance?

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**PART 3 - DETAILS OF PARENT OR LEGAL GUARDIAN**

Title .....

First name .....

Last name .....

Relationship to you .....

**We may use your mobile number and email address to tell you about transport arrangements that result from this application. Please give us your contact telephone numbers and email address**

Home..... Work.....

Mobile..... Email.....

Details of second parent or legal guardian

Title .....

First name .....

Last name .....

Relationship to you .....

Home..... Work.....

Mobile..... Email.....

**Important**

If, in the event of a genuine emergency due to unforeseen and unavoidable circumstances, there would be no one at home, an arrangement can be put in place for you to be taken to a pre-arranged alternative address. If you would like to set up such an arrangement, please give details of a person who has agreed to look after you until your parent/ guardian is able to collect you.

We will only take you to this alternative address if this is requested either by one of the persons named above. In order to safeguard you, we need a password that a transport officer will ask your parent/ guardian, or the emergency contact to confirm over the phone.

**YOUR PASSWORD**

**Your parent/ guardian must share this password with the person you specify as the emergency contact, in case they ever need to use it.**

**Details of person who can be contacted in an emergency**

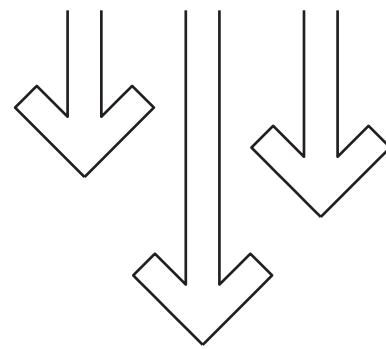
Title .....

First name .....

Last name .....

Relationship to you .....

Home..... Mobile.....



### LATCH-KEY AGREEMENTS

We know that some young people have their own house key and let themselves in when they get home.

Would you be able to let yourself in once a taxi or minibus had dropped you off?  Yes  No

If we award you a taxi or minibus and you are unable to let yourself in, there would need to be someone at home to receive you when transport drops you off.

### PART 4 – YOUR MOBILITY AND ACCESS TO TRANSPORT

Are you able to

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Walk unaided?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Climb steps?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Walk unaided but with some difficulty? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Walk with assistance?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do you

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Use a mobility aid to walk?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Need help to get in or out of a vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please provide a brief statement describing your mobility

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Will you need to take any of the following mobility aids on transport

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Crutches (pair) /quad crutch?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Posture walker?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Folding frame?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rigid or fixed frame that does not fold? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**PART 5 - WHEELCHAIRS**

Transporting people in wheelchairs requires input from the family or caregiver and we expect that they ensure the following is done prior to us transporting you. They;

- maintain the equipment as recommended by the wheelchair manufacturer.
- understand their role in sharing responsibility for the wheelchair occupant’s best interests.
- use the prescribed equipment correctly and safely, and understand the necessity for its use on an ongoing basis.
- liaise with those transporting you to undertake risk assessments when required.
- offer feedback on difficulties or problems with the postural support seating, wheelchair, occupant restraint, and wheelchair securement system.

Do you use a wheelchair?  Yes  No

If **Yes**, is it:

Manual? Please state the make and model: .....

Electric? Please state the make and model: .....

Do you need to take it every day?  Yes  No

**Please note we can only transport wheelchairs if they are essential to daily requirements – ad hoc arrangements for trips will need to be made by parents or guardians.**

Do you have to travel in your wheelchair?  Yes  No

If **No**, can the chair be folded for transport?  Yes  No

If **Yes**, has the make and model been Transport Crash Tested?  Yes  No  Not sure

Has the wheelchair been modified in any way since then?  Yes  No

Has this wheelchair been supplied by Leeds Wheelchair Services?  Yes  No

**The equipment used for securing wheelchairs in Leeds City Council fleet vehicles is either the Q'Strain or Unwin wheelchair clamping systems.**

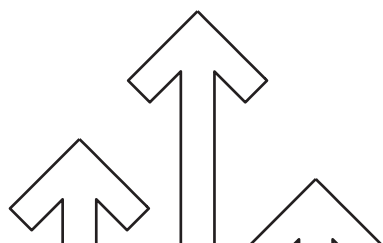
Are these restraint systems suitable for this wheelchair?  Yes  No  Not sure

If yes, which system? .....

If you use a wheelchair and can transfer to a seat in a car or minibus, can you do this:

On your own?  Yes  No

With help?  Yes  No



## SEATBELTS AND HARNESES

All passengers must wear a seatbelt when they travel to and from college

Do you require an additional harness?  Yes  No

(for example a breastplate harness) when travelling?

If you have ticked **Yes**, please tell us your weight: (kg) and height: (cm)

Please give details of any other seating requirements:

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.....  
.....

## PART 6 - YOUR HEALTH NEEDS AND MEDICAL CONDITIONS

Please tick any of the following that apply to you:

- |  |                              |                             |  |                              |                             |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Allergies                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Moderate learning difficulty                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Autistic Spectrum                        |                              |                             | Multi-sensory impairment                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Condition                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Physical disability                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Balance and co-ordination difficulties   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Multiple learning difficulties               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Breathing difficulties                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Profound challenging behaviour               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Breathing difficulties requiring suction | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Social, emotional and mental health needs    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Continence difficulties                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Speech, language or communication difficulty | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes – not yet controlled            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Visual impairment                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Emotional or behavioural difficulties    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other, not listed above                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hearing difficulties                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |                              |                             |
| Hearing impairment                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |                              |                             |

If you have ticked **Yes** to any of the above, please give additional information in the space below. Continue on a separate page if necessary:

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**PART 7 - MEDICATION**

**When we assess your application and our assessment indicates a potential need for medical intervention we will contact your parent or guardian to ask how they would like us to respond to a medical emergency and record their wishes on your file, to share with those who transport you.**

In common with other local authorities, we cannot administer medicines or perform medical interventions on young people while they are being transported. We may, however, assist a young person to self-medicate by handing them their own medication, such as an EpiPen or inhaler.

Do you need to carry any medicines (for example an EpiPen or inhaler) with you between home and college?       Yes       No

If you have ticked **Yes**, please give details:

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**Any medication must be clearly labelled with your name and given to the Passenger Assistant who will pass it on the college.**

If your health or medical conditions are likely to cause concern when travelling, please give details below. Include any actions that should be taken and what, if any, warning signs Drivers and Passenger Assistants should be aware of:

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Do you have a critical medical condition that means you might need medical treatment whilst travelling?       Yes       No

If you have ticked **Yes**, please give details:

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## SEIZURES

Are you likely to have a seizure of any description?  Yes  No

If **Yes**, please indicate the type of seizure:  Tonic-clonic  Absence  Both

If there are any visible warning signs prior to a seizure, please tell us what we should look for:

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.....  
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Generally, how long do seizures last?

.....

What could transport staff do to assist you, in the event of you having a seizure?

.....

If you have a seizure, at what point would transport staff need to alert emergency services?

.....

### In case of a medical emergency:

In an emergency situation, the Driver or Passenger Assistant would call 999 or divert to the nearest appropriate medical facility. Your parent/ guardian must confirm that they accept this course of action would be appropriate for your medical needs in the event of an emergency: No  Yes

If they have ticked **No**, please give details, continuing on a separate sheet if necessary:

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**PART 8 - BEHAVIOUR AND ANXIETIES**

**Description of your current behaviours – tick all that apply and circle as necessary:**

Verbal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Likely to attempt to flee vehicle whilst travelling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Throwing missiles	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Spitting / tantrums / tears	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Likely to attempt to flee vehicle when getting on/off	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grabbing hair / neck / arm / clothing / jewellery / spectacles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Undressing	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Sexualised behaviour	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

If any of the above have been ticked **Yes**, please ensure detail is provided below. Include the frequency of any given behaviour(s), any actions that should be taken and what, if any, triggers or warning signs Drivers and Passenger Assistants should be aware of:

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**If for any reason it might be necessary to restrain you, please give details:**

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Please tell us if you would respond badly to changes of Driver, Passenger Assistant or vehicle:

.....  
.....

How are you likely to behave on transport, bearing in mind that at first the transport staff and any other passengers may be new to you? Is there anything that might make you anxious e.g. noise, smell, physical contact?

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**Please use this space to let us know what's most important to help keep you safe while you travel.**

This information may be shared directly with drivers, passenger assistants and others involved in delivering any support we may offer. We recommend you use simple bullet points or key words and use no more than 50 words.

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**INDEPENDENT TRAVEL TRAINING CONSENT**

**If you are applying for Independent Travel Training, please complete the following:**

**Initial assessment**

- I give my consent to take part in an initial travel assessment with a Travel Training Co-ordinator. I understand this will involve me crossing public highways and may involve me using public transport, under supervision.

**Accompanied travel**

- Following assessment, I consent to travelling between home and college accompanied, as necessary, by an Independent Travel Support Worker employed by the organisation contracted by Leeds City Council to employ Travel Support Workers.
- I understand that this will involve me crossing public highways and using public transport and that following assessment, and only when I have been deemed as being safe to travel the route I have learned, will involve me making this journey independently, and no longer using transport provided by the local authority.

Your signature: \_\_\_\_\_ Date \_\_\_\_\_

Please print your name: \_\_\_\_\_

Parent or legal guardian's signature (Required if you are under 18 or are unable to sign this form yourself):

\_\_\_\_\_ Date \_\_\_\_\_

Parent or legal guardian's name: \_\_\_\_\_

**PART 9 - DECLARATION**

**I am applying for a Zero Fare School pass and:**

- I have read and understood the guidance notes and the Privacy Notice;
- I have attached a passport-approved photograph for use on the pass and have written my name, date of birth and college on the back;
- I understand that if my application is successful, I will immediately return the pass to the address given above if I move house or leave the college named in Part 1; and
- I understand the pass may be withdrawn if I breach the Conditions of Use issued with the pass.

**If you are not applying for a Zero Fare School Pass, please read and sign the following:**

**I am NOT applying for a Zero Fare School Pass and:**

- I have read and understood the guidance notes and the Privacy Notice;
- to the best of my knowledge, the information given on this form is correct and complete, relevant and up to date and includes changes to medication and mobility aids;
- I have enclosed all the extra information I want you to look at and I understand that;
- if my application is successful, I must contact the SEND Transport Assessment Team immediately if there is a change to any of the circumstances I have listed;
- transport assistance can be reassessed and the award may change within the duration of the award;
- if my behaviour is likely to place myself or other people in danger, the provision of assistance could be withdrawn pending review and reassessment of my travel needs;
- if it is necessary for Leeds City Council's (LCC's) Transport Assessment Officers to understand my needs, I consent them meeting with me to undertake a practical assessment;
- if we offer to provide you with a taxi or a minibus, you may have to share with other students whose timetables are different to your own and this could mean you having to stay in college for up to 2 hours of private study, or recreational activity;
- LCC will store, keep and use all information I give them when I am in contact with them as a record of their work with me, so they can provide me with any services needed - this includes the contents of this form; and
- LCC may share this information with other professionals where relevant and necessary, including the transport operator for the purposes of organising appropriate and safe transport.

**Your signature**

Signed: .....

Date: .....

Please print your name: .....

**Signature of parent or legal guardian (Required if you are under 18 or are unable to fill in the form yourself)**

Signed: .....

Date: .....

Please print your name: ..... Relationship to young person: .....

**IMPORTANT: PLEASE ENSURE YOU ENCLOSE PART 10 (COLLEGE TIMETABLE) ON PAGE 16 WHEN YOU SUBMIT YOUR APPLICATION.**

**For office use only**

Student reference:

Completed Form  Yes  No

Application returned for completion on: ..... / ..... / ..... by: .....

Eligibility checked on: ..... / ..... / ..... by: .....

Walking/driving distance between home and college ..... miles

Journey time, door to door: Hrs ..... Mins ..... Journey involves .....

Child on roll at named college?  Yes  No starting: ..... / ..... / .....

**Nearest government-funded college**  Yes  No \_\_\_\_\_

EHCP or medical information?  Yes  No

College timetable?  Yes  No

Notes: \_\_\_\_\_  
\_\_\_\_\_

**Approved** Award determined on: ..... / ..... / ..... by: .....

Confirmation letter sent on: ..... / ..... / .....

By: .....

Code: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Despatch to:  Home  WYCA

Request sent to WYCA on: ..... / ..... / .....

Processed by: .....

Independent Travel Training?  Yes  No

Personal Travel Allowance:  Yes  No

Taxi or minibus:  Yes  No

Passenger Assistant:  Yes  No

Parental contribution:  Yes  No

Booking made on: ..... / ..... / .....

By: .....

Start date: ..... / ..... / .....

End date: ..... / ..... / .....

**Refused** Refusal letter sent on: ..... / ..... / ..... by: .....

Reasons: .....

.....

## PRIVACY NOTICE -YOUR INFORMATION AND HOW IT WILL BE USED

Leeds City Council is committed to respecting the rights of service users to confidentiality and/or anonymity when seeking advice. We take our obligations under the Data Protection legislation (the General Data Protection Regulation and the Data Protection Act 2018) very seriously. The information you provide will be subject to rigorous measures and procedures to make sure that it cannot be seen, accessed or disclosed to anyone who should not see it. Our service also needs to use sensitive personal data relating to you (also called “special category data”) which requires more protection by us to keep it safe.

We provide support with home to school or college travel arrangements for parents and young people applying, offering information, advice and support relating to a child or young person’s Special Educational Need or Disability (SEND), including processes relating to education, health and social care. Please be aware that the information you supply on the application will be used by Leeds City Council to process your requests, to contact you in relation to your requests and to deliver services you request from us. It will be recorded on computer and used to assess eligibility for services.

Leeds City Council are the Data Controller of this information and the legal basis for processing the data is to comply with a legal obligation, or because we are acting in the public interest or exercising a public task in our official authority.

Additionally we may share information, where lawful, with other services within the Council and also with other relevant organisations. Where appropriate, we will share relevant information with; the organisation contracted to employ Travel Support Workers (Independent Travel Training); the West Yorkshire Combined Authority (WYCA); the Zero Fare School Pass supplier contracted by WYCA and; contracted transport suppliers, in order to safely transport the subject of this application.

There may also be circumstances where we may use and share your information without your agreement, if we are legally required to do so if we believe there are significant concerns relating to you, your child/ young person’s safety or wellbeing. We will keep your personal information for 35 years from the date of first involvement in accordance with the Leeds City Council retention schedule.

You have rights in respect of the information we hold about you and your child, including the right to ask for access to your information or to withdraw from involvement in respect of the travel arrangements. Further information in respect of your rights is available at <https://www.leeds.gov.uk/privacy-and-data/your-privacy-rights>. To exercise any of your rights, please contact the SEND IASS or [dpfoi@leeds.gov.uk](mailto:dpfoi@leeds.gov.uk); or send to Information Management & Governance, PO Box 837, LS1 9PZ, and we will advise you of the procedure.  
LEEDS LS11 5SB

**PART 10 – COLLEGE TIMETABLE – To be completed by a college representative**

**Note to applicant: If the information requested below is not yet available, please submit your application form and arrange for Part 10 to follow separately.**

The support offered by the local authority would only cover journeys between the student’s permanent home address and the college they attend on a given day to pursue a recognised course of further education. The type of support provided is solely at the discretion of Leeds City Council.

**Student’s name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

What course is the student doing? \_\_\_\_\_

What (if any) qualification will it lead to by July 2020? \_\_\_\_\_

Start date of this course: \_\_\_\_/\_\_\_\_/\_\_\_\_ End date of this course: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please give details of the student’s timetable commitments **once these are finalised**. If a taxi is provision and changes are made to the details you confirm below, the student or their representative must contact the SEND Transport Assessment Team on 0113 535 1990 immediately to cancel existing arrangements. They must then submit a new application that includes up-to-date information.

Total number of contact hours (excluding lunch breaks) each week: \_\_\_\_\_

Reasons for supporting the student’s request: \_\_\_\_\_

Day	Location	Start time	Finish time
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

**I confirm that this student has enrolled on the above-named course and the information given above is correct and complete. I understand that if this student is awarded a taxi and the timetable given above is subsequently altered, all existing arrangements cease and the student will need to submit a new application.**

Signed: \_\_\_\_\_

Date of signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please print your name: \_\_\_\_\_

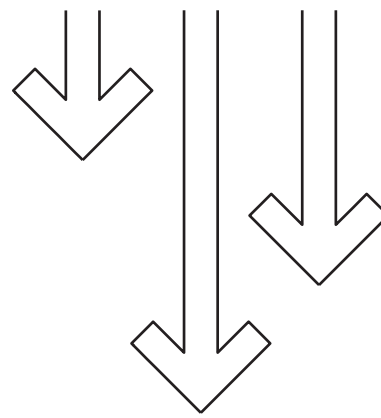
College stamp:

Position: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_



IF YOU NEED A COPY OF THIS FORM  
IN LARGE PRINT, PLEASE CONTACT  
**0113 535 1990**



#### GUIDANCE NOTES

##### **How can I find out if I qualify for assistance?**

Please read Leeds Children's Services Transport Policy November 2015 before you fill in the form. If you would like a paper copy or have any questions, please ring 0113 535 1990.

##### **Who is the application form intended for?**

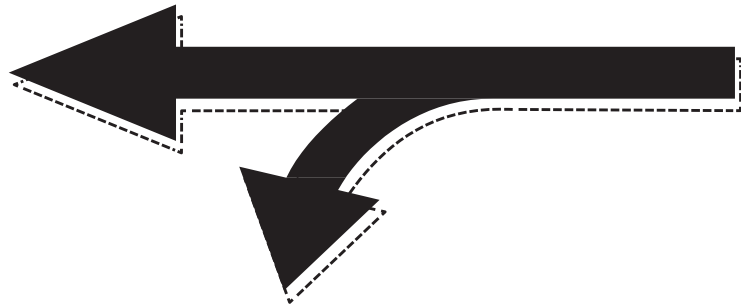
It's for young people (and their parents and legal guardians) who live in the Leeds District of West Yorkshire. You may use this form to apply for assistance if:

- you are over the age of 16, but not yet 25;
- you have a recognised learning difficulty and/ or a disability that is known to impede travel to and from college;
- your permanent home address is in the Leeds district of West Yorkshire;
- you are a full-time college student, enrolled on a course that involves at least 12 hours of guided learning each week of the college's academic year;
- you are enrolled at the nearest government-funded college of further education that offers the course you want to do; and
- that college is at least three miles, by the shortest safe walking route, from your home address.

##### **What sort of assistance could I get?**

We will assess what would best meet your needs. To do this, we look at the information you give us on the application form and may also come and meet with you and your parent or guardian. If you qualify for assistance, we will provide the least restrictive and most cost-effective form of assistance that we can. It could alter midway through the academic year and will include one or more of the following awards:

- a **Zero Fare School Pass**, which is accepted for travel on buses and trains operating within the county of West Yorkshire and allows one journey to college and one journey home between 7am and 7pm each day you attend – it can be used on more than one service if no direct service is available and you need to change from one bus service to another (or from bus to train and vice versa), but it is not valid if you break their journey unnecessarily and try to re-board without paying.
- **Independent Travel Training**, to enable you to work towards travelling independently;
- a **Personal Travel Allowance**, if you would like to organise your own arrangements;
- a **taxi or minibus** to transport you from your permanent home address to college and back;
  - if we offer to provide you with a taxi or a minibus, you are likely to travel with other pupils.
  - please note that where other students timetables are different to your own it may be necessary for you to stay in college for up to 2 hours of private study or recreational activity;
- a **Passenger Assistant** to travel with you in a taxi or minibus.



**I cannot use public transport so I am asking for a taxi. If I get one, will it take me to college for taster-sessions, induction days, to work placements or work experience, or to other locations?**

No. We don't provide transport for the above. For these you will need to make other arrangements. Speak to your tutor for more information.

**If I qualify for a Zero Fare pass, when would I receive it?**

Passes issued to start at the beginning of the academic will be posted to you during the last week in August, providing your completed application reaches us before the second Friday in July. If your application is received after this date, we may not be able to process it before the start of the new college year. At other times, you must allow 15 working days for us to process your application.

**Continual review and transport reviews**

We may need to undertake a transport review while we are supporting your transport requirements. We do this to ensure that we're still offering the most suitable form of support to you. This review will normally be conducted at your home address, but we can also do this at other appropriate meeting places. If we do need to conduct such a review, we will discuss this with your parent or guardian and schedule the meeting. Failure to allow such a review to take place will put any support that we're providing at risk of being withdrawn.

**My child has behaviour difficulties. What else do I need to know?**

We have a duty to ensure the health, safety and well-being of the passengers we transport, as well as the people who are employed to assist with their travel arrangements. If your behaviour is likely to place you or other people in danger, we reserve the right to withdraw our support at any time, pending review and reassessment of your travel needs. If you are awarded a Zero Fare pass and breach the Code of Conduct or Conditions of Use listed in the letter that accompanies the pass, the bus or train operator may withdraw the pass. You would have to write to West Yorkshire Combined Authority to explain what happened.

**How do I apply for assistance?**

You must:

- read the policy and guidance notes carefully;
- fill in the relevant parts of the application form;
- read and sign the correct declaration in Part 9;
- put your application in a suitable envelope;
- include any extra information you want us to look at;
- if you are applying for a Zero Fare pass, attach a passport-approved photograph measuring 35mm x 45mm – write your name, date of birth and the name of your college on the back; and
- send your application to the address shown on the form - check that you have used the correct postage and consider getting a Certificate of Posting from the Post Office.

**We will return the form to you if:**

- any part of the application is missing or illegible e.g. contact details, wheelchair make and model
- you haven't given us all the information we need;
- you haven't signed the declaration:
- you do not provide a password: or
- the photograph you send us isn't suitable.

**How and when will I hear if I qualify for assistance?**

We will write to you at your permanent home address once we have processed your application. This can take up to 15 working days from the date **we receive your fully-completed form**. Please bear in mind that, if we agree that you need a taxi or minibus, it can take several weeks to put the necessary arrangements in place. In order to allow time for us to assess and arrange support for the start of term in September, you will need to submit your application **by the last Friday in June**.

**What if I move house or transfers to a different school?**

You must let us know as soon as possible, please ring the SEND Transport Assessment Team on 0113 535 1990. Existing arrangements may be terminated. If you still want assistance to get your child to and from school, you must fill in a new application form that includes up-to-date information so we can re-assess their needs.

**What if I need to make other journeys?**

If you need to find out which buses serve the area in which you live, call Metroline on 0113 245 7676. Bus and train times in West Yorkshire can also be found on Metro's website at [www.wymetro.com](http://www.wymetro.com)

If you have a disability or are blind and you want to apply for an English National Concessionary Pass, ring Contact Leeds on **0113 222 4444** or visit [www.leeds.gov.uk](http://www.leeds.gov.uk)

**What if I have a medical condition but no EHC Plan?**

Please provide:

- information from a qualified medical practitioner to explain how the medical condition affects your mobility - this practitioner could be your doctor, a physiotherapist or hospital consultant;

**What if I apply for assistance, but I don't qualify?**

We will send you a letter explaining exactly why. Where appropriate, we will also return your photo.

**WHERE TO SEND YOUR APPLICATION**

**When the application form is fully completed, put it in an envelope and return it to:**

**The SEND Transport Assessment Team**

**SENSAP**

**Adams Court**

**Kildare Terrace**

**Leeds**

**LS12 1DB**

