



Is this the first time you have applied to us for travel assistance?	Yes / No
Do you live within the Borough of North Tyneside?	Yes / No
Does the student have an Education Health and Care Plan?	Yes / No

Section 1 – Student’s Details

Full Name of Student:	
Name Student likes to be known as:	
Date Of Birth:	
Name of School/College to which travel assistance is required:	
College/school’s full address & postcode	
Home address (including Postcode):	
Main contact name:	
Relationship to student:	
Contact number(s):	
Email address:	
Emergency contact name:	
Relationship to student:	
Contact number(s):	
Email address:	



Name of course attended:		
Qualification level:		
Start date:		
Intended end date of course:		
<p>If the course is not within the Borough of North Tyneside, please explain:</p> <ol style="list-style-type: none"> 1. Why this course/school/college has been chosen. 2. Why it is not possible to attend a course within the Borough of North Tyneside 		
Date from which the student needs travel assistance?		
How does the student travel to school/college at present? (please tick as appropriate)	Not yet attending school/college	
	Family car	
	Someone else's car	
	Walk	
	Cycle	
	Public Transport	
Does the student travel independently in the evenings, weekends or during school holidays?	Yes / No	
If yes, what form of transport do they use		
If no, what are the circumstances that prevent them from travelling independently?		



<p>The Council supports independent travel training for young people for where it is appropriate, to enable them to access public transport. In order to inform the council's decision on the application, a referral will be made to the Independent Travel Trainer for assessment. Would the student benefit from Independent Travel Training as a life skill?</p> <p>If not, please explain your reasons.</p>	<p style="text-align: center;">Yes / No</p>
<p>Section 2 – Student's Needs</p>	
<p>Does the student have any specific needs in relation to the following? Please provide as much detail as possible:</p>	
<p>Specific Learning Difficulties (SpLD)</p>	
<p>Moderate Learning Difficulties (MLD)</p>	
<p>Severe Learning Difficulties (SLD)</p>	
<p>Profound and Multiple Learning Difficulties (PMLD)</p>	
<p>Social, Emotional and Mental Health Needs (SEMH)</p>	
<p>Speech, Language and Communication Needs (SLCN)</p>	
<p>Autistic Spectrum Disorder (ASD)</p>	
<p>Physical Disabilities (PD)</p>	
<p>Visual Impairment (VI)</p>	
<p>Hearing Impairment (HI)</p>	
<p>Multi-sensory Impairment (MSI)</p>	
<p>Other – please specify</p>	

<p>Is the student a wheelchair user?</p> <p>If yes, please fill in the wheelchair questionnaire at the end of this application form.</p>	<p>Yes / No</p>
<p>If no to the above, does the student have any other mobility issues that will affect access to transport?</p> <p>Please provide details including whether the student travels with any equipment such as a walking frame/mobility aid:</p>	
<p>Section 3 - Medical information</p>	
<p>Medical conditions of student (e.g., epilepsy, diabetes, asthma, incontinence, anaphylaxis, allergies)</p>	
<p>Is there a Health Care Plan in place?</p>	
<p>List any medication or equipment that is used by the student?</p>	
<p>Does any of this medication or equipment need to be used in an emergency situation i.e. it would need to be readily available on transport (e.g. oxygen cylinder, EpiPen etc.)</p> <p>If so, please provide details</p>	
<p>Section 4 - Family Circumstances</p>	
<p>Does any member of the student's family drive?</p>	<p>Yes / No</p>
<p>Does the student's family have access to a car/vehicle?</p>	<p>Yes / No</p>



<p>Can this vehicle be used to transport the student to school or college:</p> <p>(Please detail any reasons why this vehicle cannot be used for school/college)</p>	<p>Yes / No</p>
<p>Is this a mobility vehicle that has been provided to transport the student?</p>	<p>Yes / No</p>
<p>Are there any other family members that have a significant medical or physical disability which prevents the student's family from ensuring they attend school or college?</p> <p>If yes, please provide further details:</p>	<p>Yes / No</p>
<p>It may be possible for the Council to provide a personal transport budget to enable travel arrangements that best and most flexibly suit the needs of the student and their family. This is paid as a mileage allowance at the rate of 45p per mile for two return journeys each day.</p>	
<p>Would you be interested in receiving a personal travel budget to make your own arrangements for travel?</p>	<p>Yes / No</p>
<p>Other Information</p> <p>Please use this space to provide any other information about the needs of the student that you feel is relevant to the way in which they travel to school or college.</p>	
Empty space for other information	



Unless otherwise agreed please note that assistance is only provided for travel at the start and end of the standard school/ college day. Where shared transport is possible the student may be required to wait for a period of time before accessing transport.

Please enter relevant school/college times in the boxes below:

If you do not need transport on specific days or at certain times, please leave the cells blank	Start time	Finish time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		



Section 5 - Declaration

I declare that the information contained in this form is correct.

I will inform the Council immediately if any details change.

I agree to this information being shared as required with any agencies including schools/colleges who may be involved in transporting or assisting the student in relation to the provision of home to school/college transport.

I understand and agree that the Council may seek relevant information from other agencies when assessing this application and when implementing any travel assistance where that is appropriate (such as the school/college or health services).

Name of person completing this form:

If you are completing this form on behalf of the student, please state your relationship to the student:

Signature of person completing this form:

Date:

Please print your name in the signature box if you are replying via email or online.

Please return this form to:

The Access Team
Commissioning, Partnerships and Transformation
Quadrant East, Floor 3
Cobalt Business Park
NE27 0BY

Email to: schooltransportapplications@northtyneside.gov.uk

If you wish to make an enquiry or have any concerns over the completion of this form, please contact us on (0191) 643 8726 or email: hometoschooltransport@northtyneside.gov.uk



Wheelchair User Questionnaire

Please complete the following information about your child's wheelchair

1.	Make:	
2.	Model:	
3.	Weight (in kgs):	
4.	Can student transfer to a vehicle seat?	Yes / No
5.	Does it fold for storage?	Yes / No
6.	Does it fasten with Karabiner guides?	Yes / No
7.	Is it crash tested?	Yes / No
8.	Is it transportable?	Yes / No
9.	Does it have any special characteristics or medical devices? (e.g., high back, tray, foot restraints, head rest, knee blocks) Please explain whether these can be removed for transport or not:	Yes / No
10.	Does someone need to carry the student's belongings in and out of the vehicle?	Yes / No
11.	Is there any other information that we need to know to arrange a safe and comfortable journey for the student?	
12.	If you have one, please provide the name and phone number of a supplier we can call who knows about the student's wheelchair specification and usage?	



North
Tyneside
Council

Application form for Post-16 Travel Assistance