

### **Children and Families**

Application for travel support for pupils with special educational needs and education health care plan attending school

## Guidance for completion by parents and carers

This form must be completed by parents/carers who wish to apply for travel support for their child with a Statement of Special Educational Needs and Disabilities (SEND) or an Education Health Care Plan (EHC plan). Our policy on the provision of travel support for pupils with special educational needs is available via the Contact Centre on 0161 219 6400 and the website:

www.manchester.gov.uk/info/40/special educational needs-transport/1856/travel coordination unit/2

Please fully complete this form and return it to:

The Travel Coordination Unit Manchester City Council 1<sup>st</sup> Floor, Universal Square Devonshire Street North Ardwick Manchester M12 6JH

Fax: 0161 274 7004

If you have any questions or are unclear about what is required after referring to the guidance below, contact the Travel Co-ordination Unit on **0161 219 6700** for assistance.

#### How this information will be used

The information on this form will be used to assess whether your child may be entitled to travel support. If travel support is declined, you will be notified in writing stating the reasons why. Where necessary a more detailed review of the circumstances will be undertaken and written evidence may be required from you or from educational/medical experts prior to reaching a decision. If you disagree with the decision you may appeal.

Applicants should allow approximately 30 days from application to a travel solution commencing. This may be less, if appropriate evidence, where required, is readily available, therefore please allow as much time as possible. If the application form does not contain enough information to complete the initial evaluation, it will be returned to the parent/carer. The 30 day consultation period will commence on the receipt of the updated application.

Please note that it is the legal responsibility of the parent/carer to ensure their child attends school regularly **including** the period during this application process.

## Please fill in the form

| Name of Pupil:   |                 |    |
|--|-----------------|----|
| Otherwise known as (if applicable):  |                 |    |
| Date of Birth:   |                 |    |
| Name of school to which travel assistance is required:                             |                 |    |
| Expected start date at the school:   | Date:           |    |
| Name of parent/carer:  | Name:           |    |
|  | Address:        |    |
| Contact information:   | Postcode:       |    |
|  | Landline:       |    |
|  | Mobile:         |    |
| Do you have parental responsibility?   | Yes             | No |
|  | Name:           |    |
| If No – who has parental responsibility?   | Address:        |    |
|  | Contact number: |    |
| Do you have UK residency or Biometric Resident Permit or current work permit/visa? | Yes             | No |

# Please refer to the guidance below/overleaf if necessary

| 1  | Does your child have a Statement of SEN or an EHC plan?  | Yes | No |
|----|--|-----|----|
| 2  | Does your child have a permanent mobility problem such that they are unable to walk to school?  If you answered no to question 2, please go to question 3.     | Yes | No |
|    | Does your child use a manual wheelchair?   | Yes | No |
| 2a | Does your child use an electric wheelchair?  | Yes | No |
|    | Does you child use a Buggy?  | Yes | No |
| 2b | Does you child use Walking Aids? Please list aids used:  | Yes | No |
| 3  | Does your child have a learning disability such that they are unable to walk to school?  | Yes | No |
| 4  | Does your child have a short-term mobility problem or medical condition that prevents them from walking to school as advised by your doctor or medical expert? | Yes | No |

| 5    | Is the school named in the Statement of SEN or EHC plan named because of parental preference?                         |       | Yes  | No      |    |  |
|------|---|-------|------|---------|----|--|
| 6    | Do you have other children attending a different school? (If Yes, please provide the details of these children below) |       |      | Yes     | No |  |
|      |   | Name: | Age: | School: |    |  |
| Chil | d 1   |       |      |         |    |  |
| Chil | d 2   |       |      |         |    |  |
| Chil | d 3   |       |      |         |    |  |
| Ohil | a 1   |       |      |         |    |  |

| 7  | Are either yourself or your partner disabled, such that you are unable to accompany your child to school? | Yes | No |
|----|---|-----|----|
| 8  | Do you receive PIP for yourself on the enhanced mobility rate?  | Yes | No |
| 9  | Do you receive the higher rate DLA with the higher mobility rate for your child/young person?             | Yes | No |
| 10 | Do you have a Motability vehicle for your child/young person?   | Yes | No |

### **Parent / Carer Declaration**

I declare that the information provided is accurate to the best of my knowledge.

| Signed:            |  |
|--------------------|--|
| Please print name: |  |
| Date:              |  |

Continue below for guidance...

### **Guidance for specific questions**

**Question 1** - If your child has gone through a process to assess their special educational needs, a Statement will have been produced and issued to you by the Council which should name the school that the Council has determined will be able to meet the needs of your child. Please enter on the form the name of that school as named on the statement and/or EHC plan.

**Question 2 and 3** - Your child may have a significant mobility problem or disability but not necessarily have a Statement of SEN or an EHC plan. If this is of such severity that your child is unable to walk to school please circle. The Council may require medical evidence to fully assess the situation prior to approving travel assistance; this will be requested at the next stage — Please note that you do not have to provide this evidence yet. The more information you can provide will help to process the application.

**Question 4** - Your child may have a temporary mobility problem such as a broken leg for example or other medical condition which a doctor or medical expert has deemed them unable to walk to school or travel on public transport. If this is the case please circle. The Council may require medical evidence to fully assess the situation prior to approving travel assistance; this will be requested at the next stage — Please note that you do not have to provide this evidence yet.

**Question 5** - In most cases the Council will name a school in a Statement or ECHP that can meet your child's needs. Parents/carers can request a preference for an alternative school; this is known as a 'Parental Preference'. If your preferred choice of school is parental preference then you should answer 'yes' to this question. Whilst parents/carers have the right to express a preference for which school they wish their child to attend, a child and young person who attends a school which is further away than the nearest suitable qualifying school with places available, will not be eligible for support, even if the distance from home to the school they attend is more than the qualifying walking distance.

**Question 6** - If you have other children attending a different school then we recognise that it may be difficult for you to accompany your child to school if the start and finish times are similar. If this is the case please circle. The Council may undertake a further assessment to help identify possible alternative arrangements. Please provide the names, ages and school details for each child.

**Question 7** - In most cases parents/carers are expected to ensure their child gets to school safely. Travel assistance may be available to support parents/carers on occasions where it is not possible for the parent/carer to accompany their child to school due to their disability or mobility problems, If this is the case please circle.

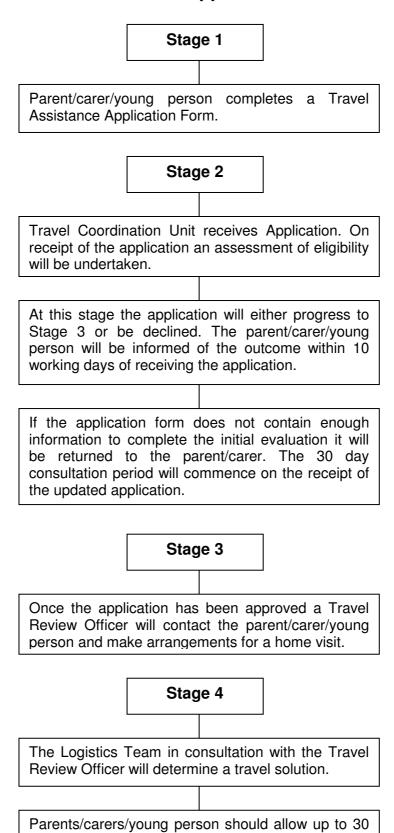
**Question 8** - Personal Independence Payment (PIP) helps with some of the extra costs caused by long-term ill-health or a disability if you're aged 16 to 64. PIP started to replace Disability Living Allowance (DLA) for people aged 16 to 64 from 8 April 2013. If you receive an enhanced rate allowance with a mobility element please circle.

**Question 9** - Disability Living Allowance (DLA) for children may help with the extra costs of looking after a child who is under 16 and has difficulties walking or needs more looking after than a child of the same age who doesn't have a disability. If you receive a higher rate allowance with a mobility element for your child please circle.

**Question 10** – You can exchange your mobility allowance (DLA and PIP) to lease a vehicle on the Motability Scheme. If you have a Motability vehicle, please circle.

For more information with regard to Motability you can go to <a href="www.motability.co.uk">www.motability.co.uk</a> or ring Customer Service on **Tel: 0300 456 4566**, 8am-7pm Monday to Friday, 9am-1pm Saturday. Monday 9am-11am is their busiest period. You may find it easier to call outside these times.

## **Overview of the Application Process**



If the application appears likely to take longer due to specific circumstances beyond the control of the Council, the parent/carer/young person will be notified by the Council and an estimate of the actual time needed to process the application will be given.

working days from the date the application was received to the start of any approved travel support

to access education and training.