This form is for those wishing to apply for travel assistance to take a young person aged between 16 and 25 to and from home-to-school/place of learning. **Please read the Travel Assistance Policy before completing this form (a copy is available on Southwark’s website).**

Travel Assistance Application Form

Travel Assistance – Application Form

www.southwark.gov.uk

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| 1. **About the young person that requires assistance**
 |
| **First name** |  | **Last name** |  |
| **Date of birth** |  | **Boy/Girl** |  |
| **Young Person’s home address** |  | **Postcode:** |
| **Has the person requiring assistance been placed by another Local Authority to live in Southwark with either foster carers or in a children’s home?** |  **Yes / No** |
| **If you answered ‘yes’ to Question 5, please name the Local Authority that made the placement**  |  |
| **If the young person has a Social Worker, please provide their name and contact telephone number** |  |
| **Does the young person have an Education, Health and Care Plan (EHCP)/Statement of Special Educational Needs? (please circle)** |  **Yes / No** |

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| 1. **The young person’s education provision**
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| **Name of the educational establishment to which travel assistance is being requested** |  |
| **Full address of educational establishment** | **Postcode:** |
| **Is the young person already at this educational establishment?** | **Yes / No** |
| **Date started, or due to start, at school** |  | **Date travel assistance is being requested from** |  |
| **Walking distance from your home to educational establishment (please measure using *Walkit.com)*** |  |
| **Reasons for choosing this educational establishment:** | **Local Authority Choice****🞏** | **Parental Choice****🞏** | **Religious grounds****🞏** | **Other****🞏** |
| **If other, please state:**  |  |
| **Name of course young person is starting:** |  |

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| **If the young person is aged 19 or over, is this a new course or a course that was started before their 19th birthday?** |  |
| **Year the course is due to end:** |  |
| **Days of the week young person attending course (please circle)** | Monday / Tuesday / Wednesday / Thursday / Friday |

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| 1. **Support that applicant receives**
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| **Does the young person have a 16+ Oyster Card?** | **Yes / No** |
| **If you answered yes to the above, when and where does the young person use their Oyster Card?** |  |
| **Does the young person have a Freedom Pass?** | **Yes / No** |
| **If answered ‘yes’ to the above question, when and where does the young person use their Freedom Pass?** |  |
| **If under 19 years old, has the young person applied for, or been awarded a discretionary 16-19 Bursary Fund (please be aware that we may decline your travel assistance application unless an application has been made)?** | **Yes / No** |
| **If answered ‘yes’ to the above question, what is the Bursary Fund being used for?** |  |
| **Is the young person in receipt of the mobility component of DLA/PIP?** | **Yes / No** |
| **If the young person receives the 16-19 Bursary Fund, are they in receipt of the higher or lower rate?** | **Higher / Lower** |
| **If in receipt of the higher rate mobility component of DLA/PIP, has it been exchanged for a Motability Vehicle?** | **Yes / No** |
| **If answered yes to question above, please explain why the Motability vehicle cannot be used to transport the young person to their place of education.** |  |

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| 1. **Reasons for requesting travel assistance**
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| **What is the name of the education provision that the young person currently attends?** |  |
| **How does the young person currently travel to their education provision (please tick)?** | **Walks unaccompanied****🞏** | **Walks accompanied** **🞏** | **Public transport unaccompanied****🞏** | **Public Transport accompanied** **🞏** |
| **Private Car** | **Private Taxi** | **Transport provided by council** | **Other** |
| **🞏** | **🞏** | **🞏** | **🞏** |
| **If other, please state:** |  |
| **Please tell us how the young person travels on evenings and weekends** |  |
| **Is the young person able to walk or travel on public transport (please circle)?** | **Unaccompanied** | **Accompanied by a responsible person** | **In future, after appropriate travel training** |
|  | **Yes / No** | **Yes / No** | **Yes / No / Unsure** |
| **If the young person is unable to walk or travel on public transport, even if accompanied by a responsible person, please explain why (please use this opportunity to upload any recent professional evidence to support what you are telling us)** |  |

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| **If the young person is able to walk or travel to school when accompanied, are there any reasons why you, or someone chosen by you, is unable to accompany them (please note that the working hours of parents are not usually considered suitable reasons for parents not accompanying their child to their education provision, unless the child is 18 or over).** |  **Yes / No** |
| **If you answered ‘yes’ to the above two questions, please state reasons (if you are unable to accompany on medical grounds, please upload recent medical evidence stating):*** **What you condition is**
* **How it impacts on your ability to accompany your child to school**

**How long it is likely to impact you for** |
| Please attach separate sheet if necessary |

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|  1. **Details of person submitting application form**
 |
| **Title****(please circle)** | **Mr** | **Mrs** | **Miss** | **Ms** | **First name** |  |
| **Surname/Last Name** |  |  |  |  | **Your relationship to young person** |  |
| **Address (if different from address provided in section 1)** |  |  |  | **Postcode:** |  |
| **Home Tel No.** |  | **Mobile Tel No.** |  |
| **E-mail Address (please write clearly)** |  |  |
| **How would you like us to communicate with you (please tick)?** | **Email** | **🞏** | **Written correspondence** | **🞏** |
| **Do you have access to a car?** | **Yes / No** |  |
| **If answered ‘yes’ to the above question, please explain if there are any reasons why it cannot be used to transport the young person to their educational provision?** |  |

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| 1. **Declaration**
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| **By signing the box below:*** **You are giving us permission to share the information contained in this application form for the purpose of considering your request for travel assistance.**
* **You are also confirming that to the best of your knowledge the information given on this form is correct and true, and that travel assistance may be withdrawn if at a later date, information has been found to be falsified.**
* **You are confirming that you understand that you will need to re-apply for transport when your child moves into secondary education, further education and at 19+ when starting a new course.**
* **You are confirming that you understand that the type of assistance your child receives will periodically be reviewed, and will always be reviewed when they reach Year 9. The review will involve consideration for your child to be trained to travel independently.**
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| **Form completed by** |  |
| **Relationship to child** |  |
| **Signature** |  |
| **Date** |  |

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| 1. **Completed forms**
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| **Email to: *travelassistance@southwark.gov.uk*** |  |