**Escort Request Form – Home to School Transport**

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| **Full name of child** |  | | |
| **Child’s preferred name** |  | **Gender** | **F** |
| **Date of birth (must be provided)** |  | **Year group** |  |
| **Pick up and return address (including the postcode)** |  | | |
| **School to be transported to** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SEN** | **Age of child** | **Behaviour** | |
|  |  |  | |
| **Medical/Health** | **Disability** |  | |
|  |  |  | |
| Other (please state) |  | | |
|  | |

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| --- | --- | --- | --- |
| **Please describe the reasons why an escort is required (if an escort is required due to the child’s behaviour on transport please also complete a risk assessment and attach to this form):** | | | |
| **Has the school agreed that an escort is necessary?** | **Yes** | **No** | |
| **Please provide contact details of the relevant school contact ..**  **Name: School:**  **Contact Phone No:** | | | |
| **Does this child have a social worker** | **Yes** | | **No** |
| **If yes, has the social worker agreed that an escort is necessary** | **Yes** | | **No** |
| **Please provide the social worker contact details....**  **Name:**  **Contact Phone No:** |  | |  |
| **Has the parent/carer agreed that an escort is necessary** | **Yes** | | **No** |
| **Please provide contact details for the parent/carer…**  **Name:**  **Parent**  **Contact Phone No:** | | | |
| **If school, social worker or parent/care haven’t been contacted or do not agree that an escort is necessary please expand further….** | | | |
| **Is the escort likely to only be need for a short time whilst the child adjusts to a change in routine** | **Yes** | | **No** |
| **If yes, in what timescale is it appropriate to review this?** | | | |

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| --- | --- | --- | --- |
| **What is your recommended escort to passenger ratio** | **Escort : Passenger** | | |
| **Does the escort require any specialist training?** | | **Yes** | **No** |
| **If yes please state (i.e. basic sign language, epilepsy, de-escalation, epi pen etc.)…** | | | |

**Details of the professional completing the request:**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Job Title** |  |
| **Organisation name** |  |
| **Organisation address** |  |
| **Contact phone No (mandatory)** |  |
| **E-Mail address** |  |
| **Date** |  |
| **Signature** |  |

**Please return this form with the associated ATN1 transport request form to:**

**PSPA, 2nd Floor Seafield House, Kirkleatham Street, Redcar, TS10 1SP or email a copy to** [**CSPA@redcar-cleveland.gov.uk**](mailto:CSPA@redcar-cleveland.gov.uk)