**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**