|  |
| --- |
| Form ATN1B |

****

**Assessment of Travel Needs for Students with Disabilities Attending A Further Education Study Programme in 2024/25**

The transport team require a minimum of 20 working days’ notice to assess applications and arrange transport – however if a passenger assistant is needed it can take up to three months to recruit, check and train new passenger assistants to meet any new requests for travel.

To be eligible for transport assistance a student must be

* resident in the borough;
* **be aged 16 – 24** on 31st August in the year that their learning programme commences;
* **be enrolled on a learning programme funded by the Education & Skills Funding Agency** or local authority;
* is at a higher level than the previous level achieved & provides appropriate progression to further learning or employment;
* **is with the nearest provider** that can meet the majority of needs within the local authority boundary OR is with the provider named in their most recent EHCP;
* **have an EHCP that identifies transport as a need**
* **have no other means of travelling to the learning provider**

Not all requests can be met. It is important not to make unrealistic promises to parents/carers that may not be delivered e.g. offering taxis rather than buses, 1:1 escorts,

Travel needs must be reviewed on an annual basis (at least) and before any changes are made to travel arrangements. A new application must be made for each new academic year.

|  |
| --- |
| **Part 1: Application Type** |

Please tick one box

|  |  |  |
| --- | --- | --- |
| **New application for travel** | **Continuation of travel** | **Variation to travel** |
|  |  |  |

|  |
| --- |
| **Part 2: Student Details** |

|  |  |
| --- | --- |
| **Name of student** |  |
| **Date of birth** |  |
| **Address and postcode** |  |

**Parent / Carer Contact Details**

|  |  |  |
| --- | --- | --- |
|  | **Mother / Carer** | **Father / Carer** |
| **Name** |  |  |
| **Home phone** |  |  |
| **Mobile** |  |  |
| **Email** |  |  |

**Social Worker Details (if applicable)**

|  |  |
| --- | --- |
| **Name** |  |
| **Contact number** |  |
| **Email** |  |

|  |
| --- |
| **Part 3: Education Details** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Most recent provider / school** |  | | | | | | | |
| **Does the student have an EHCP? If yes, please attach a copy to the form** |  |  | |  | |  | |  |
|  | Education Health Care Plan | | Date: | |  | |  |
|  |  | |  | |  | |  |
|  |  | | | | | | |
|  | | | | | | | |
| **Student’s highest education achievement prior to starting programme** |  | Pre-entry | | | | | | |
|  | Entry level – *please specify* | 1 | | 2 | | 3 | |
|  | Level 1 | | | | | | |
|  | Level 2 | | | | | | |
|  | Level 3 | | | | | | |
|  | Other qualification - *please specify* |  | | | | |  |
|  | No qualifications | | | | | | |
|  | Not known | | | | | | |
|  | | | | | | | |

**Proposed FE Provider / Programme**

|  |  |  |
| --- | --- | --- |
| **College / Provider name** |  | |
| **College/Provider address** |  | |
| **Course content and study programme including level (mandatory)** |  | |
| **If the above course can be delivered at a provision closer to home please explain why this provider has been chosen** |  | |
| **Programme start date** |  | |
| **Programme end date** |  | |
| **Anticipated end date of support, if different** |  | |
| **Provision Type** | Day | Continuing Student |
| Residential | New Student |

**Expected Attendance**

NB: Where transport is provided this is normally a single trip at the start of the day with a single return trip in the afternoon. Other travel arrangements may lead to increased costs.

|  |  |  |
| --- | --- | --- |
|  | **Arrival time (am)** | **Departure time (pm)** |
| **All week** |  |  |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |
| **Part 4: Details of Professional Completing the Request** | | |

|  |  |
| --- | --- |
| **Name** |  |
| **Job title** |  |
| **Organisation** |  |
| **Phone** |  |
| **E-mail** |  |
| **Date** |  |
| **Signature** |  |

|  |
| --- |
| **Part 5: Assessment of Travel Need** |

**Independent travel training** – The Council offers training and support for young people in independent travel skills.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please describe why the student needs support with travel** |  | | | |
| **Please describe what support is being requested** |  | | | |
| **Please describe the student’s learning difficulty / disability** |  | | | |
| **Please describe what support is received currently for travel** |  | | | |
| **Please give reasons why the parent / carer is not able to provide support for travel** |  | | | |
| **Please give details of what other options have been considered** |  | | | |
| **Is the student a suitable candidate for independent travel training?**  **If yes, please refer for Travel Training Programme.** |  | Yes |  | No |
| **Has an independent travel training assessment been undertaken? If so, please attach a copy** |  | Yes |  | No |
| **Is the student able bodied?** |  | Yes |  | No |
| **If yes, could they cope with stepping onto a bus or getting into a car?** |  | Yes |  | No |
| **If no, do they use a wheelchair / mobility aid and require a more specialist vehicle?** |  | | | |
| **Please confirm make and model of wheelchair. Not all wheelchairs are suitable for use in vehicles.** |  | | | |
| **Please detail any prescribed medication / medical procedures required** |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please indicate the level of communication the student has** |  | | | None |  | Very little |  | Adequate | | | |
|  | *Further information:* | | | | | | | | | |
|  |  | | | | | | | | |  |
|  | | | | | | | | | | |
| **Are there any behavioural concerns?** |  | | | None |  | Mild |  | Moderate |  | Severe | |
|  | | *Further information:* | | | | | | | | |
|  | |  | | | | | | | |  |
|  | | | | | | | | | | |
| **Is the young person in receipt of DLA/PIP Mobility component?** |  | | | No |  | Yes Lower Rate |  | Yes Higher Rate |  |  | |
|  | | *Further information:* | | | | | | | | |
|  | |  | | | | | | | |  |
| **Is there anything else we need to know about this student?** |  | | | | | | | | | | |

|  |
| --- |
| **Part 6: Passenger Assistant** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Is a passenger assistant (escort) required?** |  | | Yes | |  | | No | | | |
| **What is the appropriate passenger assistant to passenger ratio?** |  | | | | | | | | | |
|  | | |  | | : | |  |  | |
|  | | | Passenger Assistant | |  | | Passenger |  | |
|  | | | | | | | | | |
| **Does the passenger assistant require any specialist training?** |  | | None | | | | | | | |
|  | | Basic sign language | | | | | | | |
|  | | Administering medication (e.g., epi-pen) | | | | | | | |
|  | | Epilepsy awareness | | | | | | | |
|  | | Behaviour management | | | | | | | |
|  | | Other *please specify below* | | | | | | | |
|  | | | | | | | | | |
|  |  | | | | | | | |  |
|  |  | | | | | | | |  |

|  |
| --- |
| **Please check that all sections are completed and send to:** |

**Preparation for Adulthood (PfA) Co-ordinator**

**Special Educational Needs**

**Inspire 2 Learn**

**South Bank, Normanby Rd**

**TS6 9AE**

[**transportrequests@redcar-cleveland.gov.uk**](mailto:transportrequests@redcar-cleveland.gov.uk)