Travel Assistance Application Form

Travel Assistance – Application Form

www.southwark.gov.uk

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).**

1. About the young person that requires assistance				
	Last name			
	Boy/Girl			
Postcode:				
	-	Yes / No		
yes' to Question 5, please nan ade the placement	ne the Local			
If the young person has a Social Worker, please provide their name and contact telephone number				
	equiring assistance been place b live in Southwark with either me? yes' to Question 5, please nan ade the placement	Last name Boy/Girl Postco equiring assistance been placed by another o live in Southwark with either foster carers or me? yes' to Question 5, please name the Local ade the placement on has a Social Worker, please provide their		

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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2. The young person's education provision							
Name of the educational establishme travel assistance is being requested	ent to which						
Full address of educational establish	nent						
Is the young person already at this ea establishment?	ducational	Yes / No					
Date started, or due to start, at school		Date travel assistance is being requested from					
Walking distance from your home to measure using <i>Walkit.com)</i>	educational estab	lishment (please					
Reasons for choosing this educational establishment:	Local Authorit Choice	y Parental Choice	Religious grounds	Other			
	If other, please	estate:					
Name of course young person is starting:							

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

3. Support that applicant receives	
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.	

4. Reasons for requesting travel assistance						
What is the name of the educatio the young person currently atten	•					
How does the young person currently travel to their education provision (please tick)?	Walks unaccompanied	Walks accompanied	Public trai unaccomp	-	Public Transport accompanied	
	Private Car	Private Taxi	Transp provide cound	d by	Other	
	If other, please sta	ite:				
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)?	Unaccompanie		panied by a sible person		In future, after appropriate travel training	
	Yes / No Yes / N		es / 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)						

If the young person is able to walk or travel to school	Yes /	No	
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).			

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

5. 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)							Postco	ode:		
Home Tel No.	Mobile Tel No.									
E-mail Address (please write clearly)										
How would you you (please tick)	ou like us to communicate with Email D Writte ck)?					itten respondence				
Do you have acc a car?	ess to	Ye	es / I	No						
If answered 'yes' above question, explain if there a reasons why it ca used to transpor person to their e provision?	please are any annot be t the you	ung								

6. Declaration					
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.					
Form completed by					
Relationship to child					
Signature					
Date					
7. Completed forms					

Email to: travelassistance@southwark.gov.uk