

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 child or young person aged between 5 to 18 (or up to 25 for those with special educational needs) 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 child/young person that requires assistance (hereafter 'young person' will be referred to as 'child')			
First name		Last name	
Date of birth		Boy/Girl	
Child's home address			
	Postcode		
Is the child 'looked after' (i.e. placed to live with foster carers or in a children's home) by Southwark Local Authority? (please circle)		Yes / No	
If the child is 'looked after' by a Local Authority other than Southwark, what is the name of that Local Authority?			
Social Worker's name and contact telephone number			

Does the child have an Education, Health and Care Plan (EHCP)/Statement of Special Educational Needs? (please circle)	Yes / No
How does the child currently travel to their school/place of learning? (Please state which school/place of learning the child currently attends)	
If over 16, has the young person applied for a 16-19 Bursary Fund from their place of learning to assist with the costs of travelling to and from home to place of learning?	Yes / No
If a 16-19 Bursary Fund was applied for, what was the decision?	
Is the child, or their carer, in receipt of a personal budget?	Yes / No

2. The child's school/place of learning (hereafter 'place of learning' will be referred to as 'school')			
Name of school to which travel assistance is being requested			
Full address of school			
		Postcode	
Reasons for choosing school			
Date started, or due to start, at school		Date travel assistance is being requested from	

3. Children who meet national eligibility criteria for free school lunches or families in receipt of the maximum level of working tax credit

In order to assess applications for travel assistance for children who are of compulsory school age, the Council needs to know if they meet the national eligibility criteria for free school lunches or their family receives the maximum level of working tax credit.

If you are applying for a child of primary school age, please answer question 3a.

If you are applying for a child aged 11- 16, please answer question 3b.

For all other applicants, please skip and go on to question 4.

3a. If you are applying for a primary school aged child, please tick whichever applies:

I receive one of the following: <ul style="list-style-type: none"> ▪ Universal Credit ▪ Income Support ▪ Income based Jobseeker's Allowance ▪ Income-related Employment and Support Allowance ▪ Guarantee credit of Pension Credit 	<input type="checkbox"/>	I receive the maximum level of working tax credit. (Please provide proof, e.g. your Tax Credits Award Notice from HM Inland Revenue and Customs)	<input type="checkbox"/>
I am entitled to and receive Child Tax Credit based on an annual income not exceeding £16,190. (Please provide proof, e.g. your Tax Credits Award Notice from HM Inland Revenue and Customs)	<input type="checkbox"/>		

3b. If you are applying for a child aged 11- 16, please tick whichever applies:

My child is eligible for a free school lunch	<input type="checkbox"/>	I receive the maximum level of working tax credit (Please provide proof, e.g. your Tax Credits Award Notice from HM Inland Revenue and Customs)	<input type="checkbox"/>
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4. Reasons for requesting travel assistance			
Starting primary school	<input type="checkbox"/>	Recent change of address (please attach proof)	<input type="checkbox"/>
Starting Year 7	<input type="checkbox"/>	Starting further education	<input type="checkbox"/>
Change of school/place of learning	<input type="checkbox"/>	Other (please state in space below)	<input type="checkbox"/>
Reasons for 'other':			
Are there any reasons why the child cannot walk to their school on their own? (please circle)		Yes / No	
Are there any reasons why the child cannot travel by public transport to school on their own? (please circle)		Yes / No	
Are there any reasons why the child cannot walk to their school accompanied by a responsible adult? (please circle)		Yes / No	
Can the child travel by public transport to school accompanied by a responsible adult? (please circle)		Yes / No	
<p>If you have answered yes to any of the above, please state the reasons why in the box below – please provide a full description of the child's needs and copies of any relevant evidence e.g. medical evidence – this will be considered in line with the Travel Assistance Policy.</p>			
<p style="text-align: right;">Please continue on a separate sheet</p>			

5. Parent/carer's details (or details for age 16+ if applying on own behalf)

Title (please circle)	Mr Mrs Miss Ms	First name	
Surname/Last Name		Relationship to child/young person	
Address (if different from address provided in section 1)			
	Postcode		
Home Tel No.		Daytime Tel No.	
Email address			
Do you have a medical condition/disability that prevents you from taking your child to school? (please provide proof, such as a letter from hospital/GP, with this application. The letter should state how long the medical condition/disability is likely to affect you)			Yes / No
Do you have any other children with special educational needs or a disability (SEND)?			Yes / No
If you do have other children with SEND, please provide details as set out below			
Child 1	Name		
	Age		
	School/place of learning		
Child 2	Name		
	Age		
	School/place of learning		
Child 3	Name		
	Age		
	School/place of learning		

6. Our Communication with you

How would you like us to communicate with you?	Email	<input type="checkbox"/>
	Written correspondence (post)	<input type="checkbox"/>
Email/postal address (if different to address given in Section 5)		

7. Declaration

By signing the declaration below, you are giving us permission to share the information contained in this application form for the purpose of considering your request for transport.

By signing you are also confirming that to the best of your knowledge the information given on this form is correct and true.

Form completed by	
Relationship to child	
Signature	
Date	

8. Completed forms

Email to: *schooltransport@southwark.gov.uk*

Post to: Travel Assistance Team
Southwark Council
4th Floor, Hub 2
PO Box 64529
London SE1P 5LX