

CHILDREN & YOUNG PEOPLE'S SERVICES DIRECTORATE

**POST 16  
PRELIMINARY  
TRANSPORT REQUEST FOR PUPILS  
WITH A SPECIAL EDUCATIONAL NEEDS**

**If you would like this information in another format (e.g. Braille, large print, audio type or computer file), or another language please contact Tel: 01422 392531**

আপনি যদি এই তথ্য অন্য কোন মাধ্যম অথবা ভাষায় চান  
তাহলে দয়া করে যোগাযোগ করুন :

Tel: 01422 392531

اگر آپ کو یہ معلومات کسی دوسری زبان  
یا شکل میں چاہیے تو رابطہ کریں :

Tel: 01422 392531

## **Guidance on Post 16 Transport Policy**

The main aim of the Post 16 Transport Policy is that no student should be prevented from taking part in full-time education because of the lack of support travelling to and from school or college. Calderdale work in partnership with Calderdale College and Social Services in assessing your application for transport assistance. Depending on your age assistance will be funded via one of the above partners and further information will be provided if your application is successful.

You should ensure that you have read and understood the full policy before applying. Below are some of the main criteria used in assessing transport requests:-

- Mobility allowances will be taken into account. Those parents in receipt of the Higher Rate Mobility Component (HRMC) of the Disability Living Allowance (DLA) will be expected to use their vehicle, where they have obtained one through the Motability Scheme, as this has been provided for the benefit of the student. Where a parent has NOT obtained a vehicle the HMRC of the DLA will still be taken into account when determining any assistance. A mileage allowance will be provided for parents/guardians to make their own arrangements.
- Consideration will be given to providing transport assistance for Post 16 Students with Special Educational Needs where the distance is less than 3 miles. In such cases an assessment of need may be necessary.
- Students with disabilities or learning difficulties will receive assistance with travelling expenses provided they: -
  - live within the Calderdale boundary are full time students attending a school or college within Calderdale,
  - are full time students attending the nearest school or college outside the Calderdale boundary where an equivalent course of study cannot be undertaken in Calderdale.
  - able to prove need - applicants must demonstrate that in the absence of an award they would experience difficulties accessing or completing their education because of financial constraints and barriers. Households with an income of above £30,810 will be given reduced assistance with transport costs (this is higher for students with SEN to reflect the higher costs involved). A contribution of 50% towards the cost of transport or reimbursement of 50% of the transport costs if transport is arranged by a parent/guardian will be provided.
  - were the subject of a Statement of Special Educational Needs which explicitly identifies transport in their statement at the time of leaving a mainstream secondary or special school, or
  - previously had a statement of Special Educational Needs that did not identify a need for transport (i.e. due to the proximity of their home to the school) or since leaving school have subsequently developed learning difficulties as defined by the Partnership above. In such cases an assessment of need may be necessary.

Different approaches of providing transport assistance will be pursued wherever possible in order to make best use of the limited funds available.

**If you require any assistance in completing this form, or require any further information please telephone the Access Team on 392551.**

**BASIC INFORMATION ABOUT YOU AND YOUR CHILD**

School/College

Programme of study

Student's forename

Surname

Date of Birth

Male

Female

Age

Have you been resident in the UK for 3 years other than for the purpose of education Yes  No

Parent/Carers name(s)

Relationship to student

Home Address  
  
  
  
Postcode  
Home Tel Number  
Mobile Number  
Email Address

Address from which your son/daughter is to be transported if different from home address (not always possible)  
  
  
Postcode  
Home Tel Number  
Mobile Number  
Email Address

Please give details below of an alternative address where your son/daughter can be taken in the event of an emergency if you are not at home at the end of the school day.

Emergency contact name & address  
  
  
Postcode  
Home Tel Number

Emergency mobile telephone number  
Name of person  
Number

Date Transport should commence (Minimum 5 working days notice is required)

Arrival time \_\_\_\_\_ Departure time \_\_\_\_\_

Please tick the boxes below to indicate when transport is required. If arrival and departure times vary please insert the time that transport is required. **Please note individual times can not always be accommodated**

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

**ASSESSMENT CRITERIA**

- 1. Are you in receipt of the higher rate mobility component (HRMC) of the Disability Living Allowance (DLA) Yes  No
- 2. Does your son/daughter use a wheelchair? Yes  No
- 3. Does your son/daughter have a disability or medical condition that would prevent them walking to school/college when accompanied by an adult? Yes  No

If YES please give details of why your son/daughter cannot walk to school

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- 4. Does your son/daughter have a disability or medical condition that would prevent him/her travelling on public transport to and from college (accompanied as necessary by a responsible adult)?

Yes  No  If YES please state why

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- 5. Are you available to take your son/daughter to and from school/college?

Yes  No

If NO, please give the reasons why. (*For example, you might have other children to take to different schools at the same time*).

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- 6. If taxi/minibus transport is provided does your son/daughter need an escort travelling with them between home and school/college?

Yes  No  If YES what is the reason?

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- 7. Is your household income for the current tax year less than £30,810?

Yes  No  If YES please provide evidence.

**SOCIAL SERVICES PROVISION**

Does your son/daughter access any social services provision?

Yes

No

If YES please provide details overleaf

Social Services involvement:

**SKILLS ASSESSMENT**

1. Is your son/daughter able to walk unaided?

Yes

No

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2. Can your son/daughter climb stairs?

Yes

No

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3. Is your son/daughter able to organise him/herself, eg dressing, washing, preparing for school/college?

Yes

No

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4. What type of transport does your son/daughter currently use on a regular basis outside school life?

Tail-lift vehicle

Bus

Train

Min-bus

Private Car

5. Does your son/daughter ever travel unescorted by adults?

Yes

No

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6. Would you say your son/daughter is able to give verbal information to other people?

Yes  No

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7. Can your son/daughter receive and use information, e.g. directions, messages from school/college to home?

Yes  No

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8. Is your son/daughter able to remember information such as names and numbers?

Yes  No

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9. Can your son/daughter tell the time?

Yes  No

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10. Additional Information – Is there any other information you think we should know when assessing your son/daughter's transport requirements, i.e. cannot travel with other children, requires one to one escort, constraints to pick up/drop off times etc.

11. Why Assistance is Required (**Must be Completed by All Applicants**) – Applicants must demonstrate that in the absence of an award they would experience difficulties accessing or completing their education because of financial constraints and barriers.

## TRANSPORT REQUIREMENTS

### 1. Type of Transport required

Bus Pass                       Mileage Allowance                       Car/minibus

Wheelchair Accessible vehicle  (go to question 2)

If a specific type of vehicle is required please state what this is and why it is required.

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### 2. Wheelchair details

The following details are required to ensure that the correct equipment is provided to enable your son/daughter to travel safely where a vehicle is provided.

\*Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

Seating Base \_\_\_\_\_ (if not standard)

Manual                       Electric                       Folding

Has the wheelchair been crash tested?

Yes                       No                       Not sure

Will a head restraint (head rest) be provided with the wheelchair?

Yes                       No

Is there likely to be ancillary equipment attached to the wheelchair, for example, trays, communication aids, oxygen cylinders, knee block etc? Please give details below:

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\* If possible please attach a copy of the manufacturers transportation guidelines from the 'User Manual' supplied with the wheelchair.

**You must inform us immediately if there is a change to the make and/or model of wheelchair as this may affect the type of restraint required.**

### 3. Equipment:

Does any special equipment need to be carried to and from school/college?

Yes                       No  If YES please give details

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**DATA PROTECTION ACT 1998**

The Council may put the information you give on your application form on computer database to assist with record keeping and to derive statistics to inform decisions on transport provision within Calderdale.

Please note that in order to provide transport services it is necessary to share data with transport providers. In addition, the Department for Education and Young Peoples Learning Agency uses information about pupils for statistical purposes, to evaluate and develop future policy and to monitor the performance of the education service as a whole.

Any statistics used are produced in such a way that individual pupils cannot be identified from them.

**DECLARATION & SIGNING**

*I confirm that the above information is correct and undertake to inform the Access Team – Children & Young Peoples Service of any changes immediately.*

*I understand that the Council and its' agents may use the information contained in this application for the evaluation and development of transport and that all data will be held in accordance with the Data Protection Act 1998.*

*I also give my permission for the school to provide any necessary medical information to the Access Team, Calderdale MBC to enable the escort/driver to follow the correct procedure should an emergency arise whilst the child is travelling on the vehicle.*

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Parent/Guardian

Date \_\_\_\_\_

**PLEASE RETURN TO:-**

**The Access Team, Calderdale Council, Children & Young People's Services Directorate,  
Northgate House, Halifax, HX1 1UN**

**Or fax to 01422 392696**

**PLEASE NOTE THAT COMPLETION OF THIS FORM DOES NOT MEAN YOU WILL QUALIFY FOR TRANSPORT ASSISTANCE BUT PROVIDES THE INFORMATION WE REQUIRE TO ASSESS YOUR APPLICATION IN LINE WITH THE POST 16 TRANSPORT POLICY.**

**Thank you for completing this form**