

METROPOLITAN BOROUGH OF CALDERDALE
Children & Young People's Services Directorate

POST 16 TRANSPORT APPLICATION

Please ensure that you have read the Post 16 Transport Provision published in the "Transport to School & Colleges, Post 16 Policy" document prior to completing this form.

You need to complete ALL Sections and provide photocopied documentary evidence when requested. If you do not provide the information required, your application CAN NOT be assessed and will result in delay.

When you have filled in all the parts of the form, check you have signed the form and that you have enclosed the extra information required.

IF YOU ARE A STUDENT WITH SPECIAL EDUCATIONAL NEEDS OR AN EDUCATION & HEALTH CARE PLAN (EHCP) PLEASE CONTACT THE ACCESS TEAM ON 01422 392531 TO REQUEST AN ALTERNATIVE APPLICATION FORM.

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

PLEASE NOTE THAT APPLICATIONS FOR POST 16 TRANSPORT NEED TO BE MADE EACH ACADEMIC YEAR.

Section One – Student Personal Details

Title: Forename: Surname:

Address:

..... Postcode:

Telephone No: (Hm)..... (M)

Date of Birth:Email Address:

Are you in receipt, or have you applied for any of the following:

Yes NO

Please ✓ which category applies to you:-

- learners on free school meals or whose parents are on benefits which would qualify them to receive free school meals if they were still at school
- your parent/carer is supported under part VI of the Immigration and Asylum Act
- your parent/carer is in receipt of child tax credit, providing they are not entitled to working tax credit and have an annual income as assessed by the Inland Revenue that does not exceed £18,500
- your parent/carer has a guaranteed element of state pension credit
- your parent/carer is in receipt of the maximum working tax credit
- you are living independently on low income
- you are in care or have been in care
- learners who are very young parents
- you have special educational needs/disabilities (**Please contact 01422 392531 for an alternative application form**)
- you are on probation
- you are considered to be “at risk”
- you are a student who is a carer

Please provide a breakdown of your daily transport costs.

NOTE: A School Plus Metrocard currently provides travel on buses anywhere in West Yorkshire, 7 days per week and is very cost effective.

Prices as of Jan 2015 - £9.50 per week, £35.00 per month.

Section Two – Course Details

School/College attending:
Evidence of acceptance on to the course is required

Name of Course:.....

Course Tutor

If you are attending a school or college outside Calderdale please state your reasons for this, including full details of the course you intend to undertake. Use another sheet if necessary.

Section Three – Provision Required

Please tick which of the following transport solutions would be most beneficial for your needs?

- ◆ A monthly bus pass
- ◆ Assistance to purchase a bicycle
- ◆ Other solution:

If you have ticked “other solution” please provide details of your request and an explanation as to why neither of the first two options are suitable.

Section Four – Income Details (Part A)

Do you live with adults who are mainly responsible for you?

Yes

NO

This does not include foster parents. If you answered 'Yes' go to Section Four (Part B).

Are you in local Authority Care or with Foster Parents?

Yes

NO

If you answered 'Yes' please enclose a letter with your application form confirming that you are in care or with Foster Parents and you do not need to fill in Section Four (Part B).

If you are not living with adults who are mainly responsible for you, and you are not in care, do you currently receive Income Support?

Yes

NO

Section Four – Income Details (Part B)

To be completed by the Adult(s) who are mainly responsible for the Young Person; or by the Young Person if they are a parent themselves, or are living independently and receiving Income Support.

Mark one of the boxes:

I am/We are the adult(s) mainly responsible for the Young Person applying for transport assistance.

I am the young person applying for transport assistance

Adult One

Adult Two

Surname:	<input type="text"/>	<input type="text"/>
First Name:	<input type="text"/>	<input type="text"/>
Relationship to Young Person:	<input type="text"/>	<input type="text"/>
National Insurance Number:	<input type="text"/>	<input type="text"/>

Does the Young Person named in Part A live with either of the named adults in Section 4 (Part B) at the given address?

Yes

NO

ABOUT YOUR INCOME

Do you have a Tax Credit Notice which states your income for the current tax year?

Yes **NO**

If 'No' and you are in receipt of any of the following benefits, or if you are dependent on somebody who is in receipt of any of the following benefits, please ✓ the relevant box and provide evidence:

Income Based Job Seekers Allowance

Income Support

Working Tax Credit

Child Tax Credit

Please note that evidence of benefits is required for your application to be considered

Please note: **ALL** pages of the most recent documentation must be produced. If your evidence is missing or out of date you should contact the appropriate agency to obtain written proof of all relevant details pertaining to the benefits received. **PLEASE SEND PHOTOCOPIES ONLY.**

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. Please provide written evidence below:

Please attach additional sheets as necessary.

I declare the information I have given is to the best of my knowledge correct and agree to notify the Access Team – Children & Young People Services, if my situation changes.

I understand that failure to disclose full particulars of a relevant financial detail may result in forfeiture of assistance and proceedings being taken for recovery of all or any part paid in error (for whatever reason) or resulting from my not completing the course for which payment has been made.

I undertake to abide by the conditions imposed by the Transport Company issuing the pass.

I shall return the pass within one week if I am unable to use it, or on the demand of the Access Team, Calderdale MBC.

I shall be personally responsible for any financial loss caused to Calderdale Council by the loss, improper use or non-return of a pass or any improper claim for expenses.

I understand that the information provided on this form will be shared with any relevant parties in order to assess eligibility for assistance or to organise transport when required.

And, 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.

Signed Applicant (student) : Date:

Signed Parent/Guardian: (if living at home)

PLEASE RETURN TO:-

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

Or fax to 01422 392696

CONFIDENTIALITY STATEMENT

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 personal data with transport providers.

In addition, the Department for Education and the Education Funding Agency uses information 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.
