

### What is Travel Assistance?

The majority of children and young people aged 0-25 who live in Brent will be able to access their place of education using [free public transport provided by TfL](#) with a Freedom Pass, Zip Oyster card, or other travel card. Travel assistance refers to the different ways of supporting children and young people with special educational needs and/or disabilities to travel to and from school, college, or other educational institutions in Brent.

Examples of school travel assistance include:

- **Independent Travel Training** – designed to help your child learn the skills and gain the confidence to travel independently using public transport (if your child does not have an under-16 Oyster card or a Freedom Pass, we can help you apply for one).
- A **Personal Travel Allowance** – a sum of money provided to families, so they can arrange their child's home-to-school travel arrangements in a way that suits their circumstances best.
- **Motorised transport** – typically this would be a minibus (provided by the Council) to take your child to and from school but might include other modes of transport.

### Eligibility Criteria

If you have a child with special educational needs and/or a disability, they may be eligible for travel assistance (subject to review) if they:

- Are aged under 8-years-old and you live further than 2 miles from your child's school (by the shortest available safe walking route).
- Are aged between 8- and 16-years-old and you live further than 3 miles from your child's school (by the shortest available safe walking route).
- Are aged between 16- and 25-years-old and you live further than 3 miles from your child's school (by the shortest available safe walking route). If your child is aged between 16- and 19-years-old, they may also be eligible for a [home to school travel grant](#).

### Application Information

Processing your application to determine your eligibility may take up to **20 working days**. Please ensure you have included all the information required to make a decision about your child's travel assistance needs. Any travel assistance then agreed should be implemented within **15 school days** of us advising you of entitlement.

It is recognised that travelling to school as independently as possible is of great value to our children and young people where it is possible for them to gain these skills. As such, the Council is in the process of developing a comprehensive **Independent Travel Training programme** for young people of secondary school age with special educational needs and/or a disability to gain the skills and confidence to be able to travel independently where appropriate.

In cases where a child or young person is unable to travel independently using public transport, alternative forms of travel assistance will be considered. This could include the provision of a **Personal Travel Allowance** which would support in accompanying a child or young person to school or making alternative travel arrangements. This allowance could be used to purchase an Oyster card with which to accompany the child or young person on their journey. You can see the bandings for a Personal Travel Allowance offer based on how far you live from the educational institution below.

<b>Banding</b>	<b>Distance from school</b>	<b>Annual PTA Offer</b>
Band 1	0 – 2.49 miles	£3,150
Band 2	2.5 – 4.99 miles	£3,938
Band 3	Between 5 – 9.99 miles	£4,725
Band 4	Over 10 miles	£7,875

Where evidence is provided to support that the options outlined above are not suitable for the individual in the application, other forms of travel assistance will be considered. These could include **provision of motorised transport**, typically a minibus, to transport the child or young person.

You can complete this form digitally or on paper. All paper forms must be submitted either through post or scanned copies. Photos of completed application forms will **not** be accepted. If you need any assistance in completing this form, please contact the Travel Assistance Team at [travelassistance@brent.gov.uk](mailto:travelassistance@brent.gov.uk), or call 020 8937 4060.

Please ensure you have also taken the time to read the Brent Home to School Travel Assistance policy.

**Please submit your form to [travelassistance@brent.gov.uk](mailto:travelassistance@brent.gov.uk), or to Special Education Needs Assessment Service, Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ.**

<b>OFFICE USE ONLY</b>	
SEN REF:	
PRIMARY NEED:	
APPROVED:	
TYPE OF ASSISTANCE:	

# Application for Home to School Travel Assistance

## SECTION 1 *Personal details*

### Child/young person's details

Child/young person's forename

Surname

Known as (*optional*)

Date of birth

DD

MM

YY

Child/young person's principal home address, including postcode

Date moved to this address

DD

MM

YY

### Parent/carer's details

Parent/carer's forename

Surname

Known as (*optional*)

Email address

Daytime telephone number(s)

Parent/carer's principal home address, including postcode

Do you have any other children in your care? If so, please provide details below

Name	Age	School attended

Please list the names of any other adults (18+) who live in the home

Name	Age	Occupation

Are you employed or in education or training? Yes  No

If yes, please indicate the days that you work/study/train and the start and finish times of each day

Mon  Tues  Wed  Thurs  Friday

**SECTION 1** *Continued...***Second parent/carer's details (if applicable)**

Parent/carer's family name

First name

Middle name(s)

Email address

Daytime telephone number(s)

Parent/carer's principal home address, including postcode

Do you have any other children in your care? If so, please provide details below

Name	Age	School attended

Please list the names of any other adults (18+) who live in the home

Name	Age	Occupation

Are you employed or in education or training? Yes  No 

If yes, please indicate the days that you work/study/train and the start and finish times of each day

Mon  Tues  Wed  Thurs  Friday **Emergency contact details (in case no one available to receive the child at drop-off)**

Family name

First name

Relationship to child/young person

Email address

Daytime telephone number(s)

Address (please include postcode)

## SECTION 2 *School/college details*

Full name of the school/college to which you are requesting travel assistance

Full address of the school/college, including postcode

Date of admission to school/college

Date from which travel assistance required

DD

MM

YY

DD

MM

YY

### For Post 16 only course information

Will you be receiving financial assistance from the school/college's 16-19 Bursary Fund? Yes  No

Is yes, please provide proof of entitlement (*please do not provide original documents*).

Full course title

Course start date

Length of course

DD

MM

YY

Days attended each week

Monday  Tuesday  Wednesday  Thursday  Friday

### The journey

How does/would the child/young person travel to the school/college to which you are applying for travel assistance? (*Tick all that apply*).

Walk  Bus  Train  Parent drives  Family friend drives  Taxi

Other (*please specify*)

How long does the journey to school/college take?

If you accompany your child/young person, please state the frequency.

## NEXT STEPS *All applicants*

*If your child/young person has an Education, Health and Care Plan (EHCP) – Go to Section 3*

*If your child/young person has a medical condition or special requirement that prevents them from using public transport – Go to Section 4*

*If your child/young person does not have a medical condition or special requirement – Go to Section 5*

**SECTION 3** *Children and young people with EHCPs or SEN Support*

Please detail below why you are requesting assistance with travel

**Child/young person's special educational needs (please tick all that apply):**

- |  |                          |
|--|--------------------------|
| ADHD   | <input type="checkbox"/> |
| Auditory processing difficulties (noise sensitivity) | <input type="checkbox"/> |
| Autism   | <input type="checkbox"/> |
| Cognition and learning difficulties                  | <input type="checkbox"/> |
| Hearing impairment                                   | <input type="checkbox"/> |
| Phobias  | <input type="checkbox"/> |
| Physical impairment                                  | <input type="checkbox"/> |
| Sensory difficulties (light sensitivity)             | <input type="checkbox"/> |
| Social, emotional and mental health difficulties     | <input type="checkbox"/> |
| Speech, language and communication difficulties      | <input type="checkbox"/> |
| Visual impairment                                    | <input type="checkbox"/> |

Has your child had Independent Travel Training before? Yes  No

If your child is 11-years-old or above, would you like them to be considered for Independent Travel Training? Yes  No

If no, please explain why

**SECTION 3** *Continued...*

Are you or another adult able to take your child/young person to school/college? Yes  No

If no, please explain why

How does your child/young person travel when they are not at school? *(e.g. to and from non-educational activities on weekends and during the school holidays)*

**SECTION 4** *Children/young people with a medical condition or special requirement*

Does your child/young person have a medical condition?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is this a temporary condition?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, when did the medical condition occur?		<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YY"/>
How long is it anticipated that your child/young person will have this medical condition?	<input type="text"/>			

Does your child/young person use a wheelchair or buggy?	Wheelchair	<input type="checkbox"/>	Buggy	<input type="checkbox"/>
Do they use it always or sometimes?	Always	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>
Is this equipment electric?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is this equipment folding?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Make and model	<input type="text"/>			
Serial number	<input type="text"/>			
Can your child move from a wheelchair to a car or bus seat?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

	Yes	No
Does your child/young person have any medical and/or physical conditions that prevent them from walking unaided?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child/young person have any other transport equipment requirements?	<input type="checkbox"/>	<input type="checkbox"/>
Requires a car seat	<input type="checkbox"/>	<input type="checkbox"/>
Requires a booster seat	<input type="checkbox"/>	<input type="checkbox"/>
Requires a harness	<input type="checkbox"/>	<input type="checkbox"/>
Requires a seat belt lock	<input type="checkbox"/>	<input type="checkbox"/>
Requires special restraints	<input type="checkbox"/>	<input type="checkbox"/>
Uses a walking frame	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="text"/>	

	Yes	No
Does your child/young person have any of the following health care needs?	<input type="checkbox"/>	<input type="checkbox"/>
Anaphylaxis (severe allergic reaction)	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Emergency medication for epilepsy (e.g. Buccal Midazolam)	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Gastrostomy feed (enteral feeding)	<input type="checkbox"/>	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>	<input type="checkbox"/>
Oral or nasal suction required (e.g. excess salivation)	<input type="checkbox"/>	<input type="checkbox"/>
Use of oxygen	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 4** *Continued...*

If your child/young person has any other health conditions, please give details here:

**Please attach evidence of your child/young person's medical condition, e.g. a current letter from the medical professional in charge of your child/young person's care.**

	Yes	No
Does your child have any behaviours associated with their SEN/disability/medical condition which may impact on their support needs? <b>Behaviours may include running, verbal or physical aggression, spitting, scratching, or biting.</b>		

If yes, please give details here:

Does your child require medication and/or medical intervention while travelling in a vehicle?		
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If yes, please give details here:

Has your child ever had seizures?		
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If yes, please detail how often, for what duration, what type of seizure, and what signs staff should look out for here:

In the event of a seizure on transport, please state time lapsed before an ambulance is called. (For example – following 5 mins of continuous seizure, ambulance must be called).

Please give details of any other assistance required en route. Include any special needs/medical or behavioural issues that could cause discomfort to your child or fellow travellers. Please state what level of assistance or intervention is required from the driver and or passenger assistant.

***Please note that if it is agreed that motorised transport is the best option for your child/young person, you will be required to bring them from your front door to the vehicle on morning journeys, and from the vehicle to your front door on afternoon journeys.***

**SECTION 4** *Continued...*

Please include contact details of the key medical professional involved with your child/young person's care

Name of medical professional

Department

Email

Telephone number

Do you have an allocated social worker?    Yes     No

If yes, please provide their full name and contact details below

Social worker's name

Email

Telephone number

***We reserve the right to discuss your application for travel assistance with your allocated social worker to identify whether alternative forms of support can be offered.***

**Please proceed to Section 6.**

**SECTION 5** *Children and young people without a medical condition or special requirement*

Please detail below the reasons why you are requesting assistance with travel

If you feel that there are exceptional circumstances which need to be considered as part of your application, please state these reasons below and provide supporting evidence.

## SECTION 6 *Household income*

Does your child/young person receive free school meals? Yes  No

Have you been provided with Mobility Allowance to transport your child/young person? Yes  No

If yes, please state which component you receive

Please explain why you cannot use this to take your child/young person to or from school.

## SECTION 7 *Declaration*

1. I wish to make an application for travel assistance. I certify that the information given is true to the best of my knowledge and belief. I understand that any false or deliberately misleading information given on this form and/or supporting documents, or any relevant information withheld, may render this application invalid. If I receive financial assistance based on false or deliberately misleading information and/or do not inform the London Borough of Brent of any change in circumstances which may affect any entitlement to travel assistance, I may be liable for any costs incurred.
2. I agree that the London Borough of Brent will use the information I have provided to process my application for travel assistance. When processing the application the Council may share the information with other third party agencies e.g. the school, health providers and other relevant transport contractors commissioned to provide travel assistance on behalf of the Council. If appropriate, this will include information relating to my child/young person's SEND needs from their EHCP to ensure the service is appropriate for their needs. Checks with other Council records e.g. council tax and social care/education records may also be undertaken to decide on eligibility and ongoing entitlement. The information will be retained for the time my child/young person remains in education.
3. I understand that I may request to see the information the Council holds on my child/young person at any time. I may also withdraw my consent or ask the Council to restrict who they share information with.

Signature of parent/carer

Date

DD

MM

YY

Printed name of parent/carer

***Information supplied will be used for registered purposes under the Data Protection Act 1998.***