

# Application for Home to School/College Travel Assistance

## Guidance for completing application form

We aim to process application **within 15 working days of receipt** as long as we have all the information required to make a decision about your child's travel assistance needs. Any agreed travel assistance will be implemented within 10 working days of us advising you of entitlement.

- If the distance between your home and the school is less than two miles (children aged 7 and under) or 3 miles (children/young people aged 8 and over), we may not be able to offer assistance unless it is evidenced that there is a necessity to provide assistance based on the child/young person's additional needs and the reasonableness of the family being able to support travel to and from school.
- Where social circumstances are indicated, we may discuss the application form with your social worker.
- Where your child/young person has medical needs, we may need to seek further information from a medical professional.

We will decide which form of travel assistance to offer in individual cases. When making this decision we will consider, amongst other things, promoting independent travel, our sustainability policy and the best use of resources.

The majority of children/young people in Royal Greenwich will be able to access their place of education using the free use of public transport from TfL. Where this is available no further assistance will be provided.

In cases where a child/young person is unable to travel independently using public transport then alternative forms of travel assistance will be considered. This will include the award of a Personal Transport Budget which would support the family to either accompany their child/young person to school or make alternative travel arrangements.

Where evidence is provided to support that the above options are not suitable for the individual, then other forms of sustainable travel options will be explored. These options may require us to pass information from your travel application form/SEN records to our transport contractor or third party transport agencies.

If your child/young person has an Education, Health and Care Plan (EHCP), and it has been agreed that travel assistance is to be provided, we will work with your SEN Officer and school to ensure that the form of travel assistance offered supports the outcomes that have been agreed. This will be reviewed on a yearly basis, or earlier, if there are any changes to your child/young person's SEN needs, address, provision or placement.



**Before submitting your application, please confirm that you have provided the following information:**

**FOR ALL APPLICANTS:**

- Full child/young person's details, parent/carer's details and an alternative emergency contact
- Full school address and contact details, start and finish times, and how you currently travel there
- Course details and a timetable for post 16 students
- For post 16 students, please confirm if you have applied for a college bursary and if this was awarded

**FOR PUPILS WITH EHCPs OR MEDICAL CONDITIONS:**

- Full details about your child/young person's SEN needs and why you are requesting travel assistance
- How your child/young person's SEN needs present a barrier to them travelling independently
- Why a responsible adult cannot accompany your child/young person to school/college
- How your child/young person travels outside of school
- Details of any transport equipment requirements i.e. harness/wheelchair
- Details of any health care needs
- Medical professional reports and contact details, if appropriate
- Social worker's contact details, if appropriate

**FOR STUDENTS WITHOUT SPECIAL NEEDS OR MEDICAL CONDITIONS:**

- Why you are requesting travel assistance
- Any exceptional circumstances
- Confirmation of your household income

For children/young people **with** an education, health and care plan (EHCP) or medical condition

Please send your completed form and any supporting documentation to:

**SEND Travel Assistance Team**

1st Floor  
The Woolwich Centre  
Wellington Street  
SE18 6HQ

SEND.Travelassistance@royalgreenwich.gov.uk  
020 8921 8089

For children/young people **without** an education, health and care plan (EHCP) or medical condition

Please send your completed application form and any supporting documentation to:

**Admissions Service**

1st Floor  
The Woolwich Centre  
Wellington Street  
SE18 6HQ

school-admissions@royalgreenwich.gov.uk  
020 8921 8043 (Contact Centre)



# Application for Home to School/College Travel Assistance

You should only complete this form if you live in the Royal Borough of Greenwich and have read Royal Greenwich's Travel Assistance Policy, available at [www.royalgreenwich.gov.uk](http://www.royalgreenwich.gov.uk).

All applicants **must** complete Sections 1, 2, 6 and 7.

PLEASE USE BLACK INK AND WRITE IN CAPITAL LETTERS

## SECTION 1 Personal details

### Child/young person's details

Child/young person's family name/last name

CUMMINS - PARKER

First name

RHYS

Middle name(s)

ERNEST THOMAS

Known as

RHYS

(please tick)

Boy  Girl

Child/young person's date of birth

(please use the format date/month/year)

14

05

2009

Child/young person's principal home address (full address including postcode)

23 HASLER Close  
Thamesmead, London SE28 8LB.

Date moved to this address (please use the format date/month/year)

05

11

2004

### Parent/carer's details

Title (please tick)

Mr

Mrs

Miss

Ms

Other

Family name/last name

PARKER

First name

CAROLIE

Middle name(s)

PATRICIA

Parent or carer's principal home address (full address including postcode)

23 HASLER Close  
Thamesmead London  
SE28 8LB

Email

Caroleparker12.cp@gmail.com

Daytime telephone number(s)

07541721857

**Emergency contact details:** (Your emergency contact should be a responsible adult who is different from the parent/carer listed above. They **must** live in the Royal Borough of Greenwich.)

Emergency contact name

SHAWICÉ OSBORNE

Daytime telephone number(s)

07521 112173

Address (full address including postcode)

100 Edington Road  
Abbeywood  
SE2.

Postcode SE2

Relationship to child/young person (please specify)

Sister.



**SECTION 2 School/college details**

**Please give the full name of the school/college you are requesting travel assistance to**

Charlton Park Academy.

School start time

9.15

finish time

2.45

Please confirm the date travel assistance would be required from (please use the format date/month/year)

07

12

20

If it is not a Royal Greenwich school or college, please provide the full address, including postcode

/

Postcode

Telephone number

/

Date of your child/young person's admission to the school/college (please use the format date/month/year)

09 20

Is this the nearest school/college of its type to your home address? (please tick)

Yes



No

If no, did you apply for a place at the nearest school/college? (please tick)

Yes

No

Please give the reason why your child/young person is attending this school/college

Religious/denominational



Specialist course not available closer to home

Other (please give details, providing evidence where appropriate)

Rhys has a long history of delayed development in his speech and language (understanding) skills. He also has delayed cognitive skills which have a continuous impact on his access to chronological appropriate skills. He also has ADHD.

**For Post 16 only course information**

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

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

**Note: Young people in care, care leavers, those on Income Support or receiving both Employment Support Allowance and Disability Living Allowance are entitled to a bursary of up to £1,200.**

Full title of course

Course start date (please use the format date/month/year)

Length of course

Full-time

Part-time

Days attended each week (please tick)

Mon

Tues

Wed

Thurs

Fri

**Please attach your timetable to the application.**





**SECTION 2 Continued...****The journey**

How does/would the child/young person travel to the school/college you are applying for travel assistance? (please tick all that apply)

Walk      Bus       Train      Parent drives      Family friend drives      Taxi

Other (please specify)

Please provide an estimate of the distance travelled

How long does the journey to school or college take? **60 minutes.**

How often does your child/young person travel to school/college? (please tick)      Daily       Weekly      Fortnightly      Monthly      Termly

How much does their return journey cost?

If you accompany your child/young person, please state the frequency (please tick)      Daily       Weekly      Termly      Other (please specify)

How much does each return journey cost for you?

**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 that prevents them from using public transport - **Go to Section 4**

If your child/young person does not have a medical condition - **Go to Section 5**

**SECTION 3 Children and young people with special educational needs**

Please give reasons why you are requesting assistance with travel

**Rhys has experienced (since September 2020) heightened distress and anxiety on public transport. This is due to a lack of structure in his routine travelling to and from school. He is finding the sensory overload on such transport and this is having an impact on his behaviours as he is anxious and worried about getting to school. He often asks to get off the bus as his anxiety gets the better of him and he is unable to stay on the bus.**

Emotional and behavioural difficulties		Yes <input checked="" type="checkbox"/>	No
Learning difficulties/disabilities	Severe	Moderate <input checked="" type="checkbox"/>	None
Speech and language difficulties		Yes <input checked="" type="checkbox"/>	No
Physical impairment		Yes	No <input checked="" type="checkbox"/>
Visual impairment		Yes	No <input checked="" type="checkbox"/>
Hearing impairment		Yes	No <input checked="" type="checkbox"/>
Autism		Yes <input checked="" type="checkbox"/>	No



**SECTION 3 Continued**

Please give a brief description of your child/young person's needs and how they affect their ability to travel

Rhys needs continuous adult support at all times. This is due to high anxiety, severe sensory overload and his vulnerability due to his Educational Needs. When his anxiety peaks he has random shouting outbursts and his behaviour is extreme too. The psychological distress is not beneficial to his need for routines before school and at the end of his school day.

Has your child/young person received training to travel to school/college independently? (please tick) Yes No

If no, please explain why

Due to his capacity to understand danger or have appropriate behaviours he is unable to access such training. Also he needs 1:1 adult supervision on public transport at all times. He is under performing and is well below his chronological age and is therefore unable to undertake tasks aimed at this age.

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

If no, please explain why

I am the sole carer of Rhys therefore only I can't take him. He needs a familiar adult or someone with his trust due to his anxiety and vulnerability getting to school. School transport would provide a routine for Rhys and he would have trained staff who are able to deal with his outbursts.

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

The bus or walking are our options.



**SECTION 4 Children/young people with a medical condition or special requirement**Does your child/young person have a medical condition? *(please tick)*

Yes



No

Is this a temporary condition?

Yes

No

If yes, when did the medical condition occur? *(date/month/year)*

How long is it anticipated that your child/young person will have this medical condition?

*Severe allergies*

Does your child/young person have any transport equipment requirements?

Travels in a wheelchair

Yes

No



Travels in an electric wheelchair

Yes

No



Takes a folding wheelchair in the vehicle

Yes

No



Requires an infant or booster seat

Yes

No



Requires a harness

Yes

No



Uses a walking frame

Yes

No



Does your child/young person have any of the following health care needs?

Epilepsy

Yes

No



Emergency medication for epilepsy e.g. Buccal Midazolam

Yes

No



Anaphylaxis (severe allergic reaction requiring adrenaline autoinjector)

Yes

No



Diabetes

Yes

No



Use of oxygen

Yes

No



Oral or nasal suction required (excess salivation, risk of choking etc.)

Yes

No



Gastrostomy feed (enteral feeding)

Yes

No

Other health issues *(please give details)*

Please enclose evidence of your child/young person's medical condition/injury i.e. a current letter from your child's GP or Consultant in charge of their care.



**SECTION 4** *Continued*

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

Name of medical professional *A.O.H.D. Team. (close)*  
Department *A.O.H.D.*  
Email  
Telephone number *0208 436 8621*

Do you have an allocated social worker? Yes No

If yes, please provide their full name and contact details

Social worker's name

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.**

**Now go to Section 6**

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

Please give reasons why you are requesting assistance with travel

*Not applicable*

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. If you need more space, please continue on a separate sheet of paper.

*Not applicable*





## SECTION 6 Household income

Does your household receive any of the following? (please tick)

Income Support

Income-related Employment and Support Allowance

Income-based Job Seekers Allowance

Child Tax Credit, but not Working Tax Credit, and have an annual household income (as assessed by HM Revenue & Customs) that does not exceed £16,190

Working Tax Credit 'run on' - the payment someone may receive for a further four weeks after they stop qualifying for Working Tax Credit

Guarantee element of State Pension Credit

Support under part VI of the Immigration & Asylum Act 1999

**If yes, please provide proof of entitlement i.e. your most recent Pupil Benefits or HM Revenue & Customs letter** (please do not provide original documents)

Have you been provided with Mobility Allowance/a vehicle to transport your child/young person? (please tick – for information purposes only)

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

*I need help + support -  
Psychological address.*

## SECTION 7 Declaration

- 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 Royal Borough of Greenwich of any change in circumstances which may affect any entitlement to travel assistance, I may be liable for any costs incurred.
- I agree that the Royal Borough of Greenwich 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 i.e. 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 SEND EHCP - One Page Profile to ensure the service is appropriate for their needs. Checks with other Council records e.g. council tax and social care/education records will also be undertaken to decide on eligibility and on-going entitlement. The information will be retained for the time your child/young person remains in education.
- You may request (via the Council's website) to see the information we hold on you or your child/young person at any time. You may also withdraw your consent or ask us to restrict who we share information with.

Signature of parent/carer

Date

*C. Pariser*

*11/12*

Name of parent/carer (please print)

*CAROLÉ*

*PARISER*

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

