

# TRAVEL READY

YOUR JOURNEY STARTS HERE

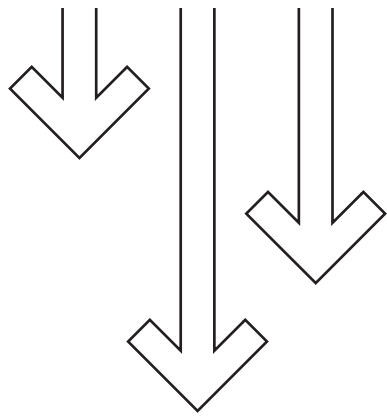


**APPLICATION  
FORM**

FOR CHILDREN AND YOUNG PEOPLE AGED FIVE TO 19







**PART 1 - CONT.**

Was your child at school in the last academic year?  Yes  No

If yes, which school?	
How did they travel to and from school?	

Does your child have a Metro concessionary travel permit that allows free travel after 9.30am?  Yes  No  Don't know

Please tell us how your child travels with you on evenings and weekends

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Please tell us how the school transports your child on school trips

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Is your child capable of travelling independently on public transport;

With you?  Yes  No  
In future, after appropriate travel training?  Yes  No  
Now, with a travel buddy?  Yes  No  
Now, without a travel buddy?  Yes  No

If your child is unable to travel on public transport, even if accompanied by a responsible adult, please explain why

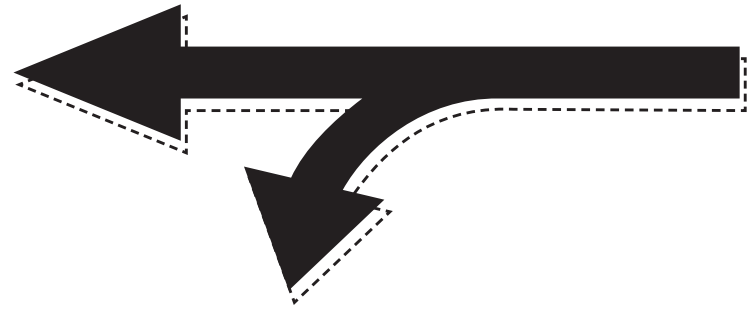
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**IF YOU ARE APPLYING FOR A ZERO FARE SCHOOL PASS, PLEASE ATTACH ONE PASS-PORT-STYLE PHOTO (35MM X 45MM) OF YOUR CHILD HERE. ON THE BACK OF THEIR PHOTO WRITE THEIR:**

- **NAME**
- **SCHOOL**
- **DATE OF BIRTH**



**PART 2 - PUPIL NEEDS**

Does your child have a finalised Educational Health Care Plan or Statement of SEN?

- Yes       No

**If you have ticked no please see note on page 18 of the guidance notes and enclose the evidence we require**

Please give details about their SEND, learning difficulty, permanent disability or temporary mobility issue, including any medical diagnosis that exists:

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Why do you feel your child needs transport assistance?

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**PART 3 - DETAILS OF PARENT OR LEGAL GUARDIAN**

Title .....

First name .....

Last name .....

Relationship to child or young person .....

**We may use your mobile number and email address to tell you about transport arrangements that result from this application. Please give us your contact telephone numbers and email address**

Home ..... Work .....

Mobile ..... Email .....

Details of second parent or legal guardian

Title .....

First name .....

Last name .....

Relationship to child or young person .....

Home ..... Work .....

Mobile ..... Email .....

If, in the event of a genuine emergency due to unforeseen and unavoidable circumstances, there would be no one at home, an arrangement can be put in place for your child to be taken to a pre-arranged alternative address. If you would like to set up such an arrangement, please give details of a person who has agreed to look after your child until you are able to collect them.

We will only take your child to this alternative address if this is requested either by yourself, or by one of the persons named above. In order to safeguard your child, we need a password that a transport officer will ask you or the emergency contact to confirm over the phone.

**YOUR PASSWORD**

**You must share this password with the person you specify as the emergency contact, in case they ever need to use it.**

**Details of person who can be contacted in an emergency**

Title ..... Relationship to child or young person .....

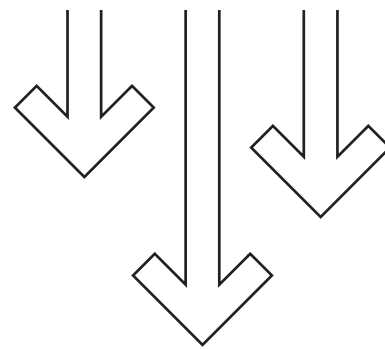
First name ..... Home address .....

Last name .....

Contact telephone numbers and email address:

Home ..... Work .....

Mobile ..... Email .....



### LATCH-KEY AGREEMENTS

**We know that some young people have their own house key and let themselves in when they get home.**

Would your child be able to let themselves in once a taxi or minibus had dropped them off?    Yes    No

If we award your child a taxi or minibus and he or she cannot let themselves in, there would need to be someone at home to receive them when transport drops them off.

### PART 4 - PUPIL'S MOBILITY AND ACCESS TO TRANSPORT

Is your child able to

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Walk unaided?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Climb steps?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Walk unaided but with some difficulty? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Walk with assistance?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Does your child

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Use a mobility aid to walk?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Need help to get in or out of a vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please provide a brief statement describing your child's mobility

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Will your child need to take any of the following mobility aids on transport

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Crutches (pair) /quad crutch?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Posture walker?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Folding frame?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rigid or fixed frame that does not fold? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## PART 5 - WHEELCHAIRS

**Transporting people in wheelchairs requires input from the family or caregiver and we expect that you ensure the following is done prior to us transporting your child:**

You maintain the equipment as recommended by the wheelchair manufacturer.

You understand your role in sharing responsibility for the wheelchair occupant's best interests.

You use the prescribed equipment correctly and safely, and understand the necessity for its use on an ongoing basis.

You liaise with those transporting your child to undertake risk assessments when required.

You offer feedback on difficulties or problems with the postural support seating, wheelchair, occupant restraint, and wheelchair securement system.

Does your child use a wheelchair?  Yes  No

If **Yes**, is it:

Manual? Please state the make and model: .....

Electric? Please state the make and model: .....

Do they need to take it every day?  Yes  No

**Please note we can only transport wheelchairs if they are essential to daily requirements – ad hoc arrangements for trips will need to be made by carers.**

Do they have to travel in their wheelchair?  Yes  No

If **No**, can the chair be folded for transport?  Yes  No

If **Yes**, has the make and model been Transport Crash Tested?  Yes  No  Not sure

Has the wheelchair been modified in any way since then?  Yes  No

Has this wheelchair been supplied by Leeds Wheelchair Services?  Yes  No

**The equipment used for securing wheelchairs in Leeds City Council fleet vehicles is either the Q'Straint or Unwin wheelchair clamping systems.**

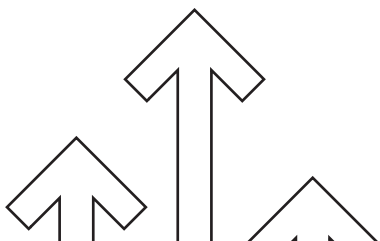
Are these restraint systems suitable for this wheelchair?  Yes  No  Not sure

If yes, which system? .....

If your child is a wheelchair user who can transfer to a seat in a car or minibus, can they do this:

On their own?  Yes  No

With help?  Yes  No



## SEATBELTS AND HARNESSSES

All children and young people must wear a seatbelt when they travel to and from school.

Does your child require an additional harness (for example a breastplate harness) when travelling?  Yes  No

Does your child require a child seat?  Yes  No

If you have ticked **Yes** please tell us your child's weight: (kg) and height: (cm)

Please give details of any other seating requirements:

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## PART 6 - PUPIL'S HEALTH NEEDS AND MEDICAL CONDITIONS

Does this child have any health needs that we should be aware of? **Please tick all that apply:**

Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Moderate learning difficulty	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Autistic Spectrum Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Multi-sensory impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Balance and co-ordination difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Physical disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Breathing difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Profound and multiple learning difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Breathing difficulties requiring suction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Profound challenging behaviour	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Continence difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Social, emotional and mental health needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes – not yet controlled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Speech, language or communication difficulty	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emotional or behavioural difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Visual impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other, not listed above	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

If you have ticked **Yes** to any of the above, please give additional information in the space below. Continue on a separate page if necessary:

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**PART 7 - MEDICATION**

**When we assess your application and our assessment indicates a potential need for medical intervention we will contact you to ask how you would like us to respond to a medical emergency and record your wishes on your child's file, to share with those who transport them.**

In common with other local authorities, we cannot administer medicines or perform medical interventions on children while they are being transported. We may, however, assist a child to self-medicate by handing them their own medication, such as an EpiPen or inhaler.

Does your child need to carry any medicines (for example an EpiPen or inhaler) with them between home and school?       Yes       No

If you have ticked **Yes**, please give details:

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**Any medication must be clearly labelled with your child's name and given to the passenger assistant who will pass it on the school.**

If your child's health or medical conditions are likely to cause concern when travelling, please give details below. Include any actions that should be taken and what, if any, warning signs drivers and passenger assistants should be aware of:

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Does your child have a critical medical condition that means they might need medical treatment whilst they are travelling?       Yes       No

If you have ticked **Yes**, please give details:

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**PART 8 - BEHAVIOUR AND ANXIETIES**

**Description of current behaviours – tick all that apply and circle as necessary:**

- |   |                          |     |                          |    |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|---|--------------------------|-----|--------------------------|----|
| Verbal  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Likely to attempt to flee vehicle whilst travelling   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Throwing missiles   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Likely to attempt to flee vehicle when getting on/off | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Spitting / tantrums / tears                                   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Other   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Grabbing hair /neck / arm / clothing / jewellery / spectacles | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |   |                          |     |                          |    |
| Undressing  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |   |                          |     |                          |    |
| Sexualised behaviour  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |   |                          |     |                          |    |

If you have ticked **Yes** to any of the behaviours listed above, please give as much detail as you can. Include the frequency of any given behaviour(s), any actions that should be taken and what, if any, triggers or warning signs drivers and passenger assistants should be aware of:

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**If for any reason it might be necessary to restrain your child, please give details:**

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Is the gender of the driver or passenger assistant an important consideration?  Yes  No

If yes, please indicate which gender and explain why:

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Please tell us if your child would respond badly to changes of driver, passenger assistant or vehicle:

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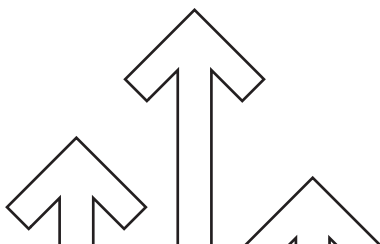
How is your child likely to behave in transport, bearing in mind that at first the transport staff and any other passengers may be new to them? Is there anything that might make them anxious e.g. noise, smell, physical contact?

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**Please use this space to let us know what's most important to your son or daughter to help keep them safe while they travel to ensure a successful journey.**

This information may be shared directly with drivers, passenger assistants and others involved in delivering any support we may offer. We recommend you use simple bullet points or key words and use no more than 50 words.

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**PART 9 - DECLARATION OF PARENT OR LEGAL GUARDIAN**

**I declare that:**

I am NOT applying for a Zero Fare School Pass and:

I have read and understood the guidance notes;

to the best of my knowledge, the information given on this form is correct and complete, relevant and up to date and includes changes to medication and mobility aids;

I have enclosed all the extra information I want you to look at;

I understand that, if my application is successful, I must contact the SEND Transport Assessment Team immediately if there is a change to any of the circumstances I have listed;

I understand that transport assistance can be reassessed at any time during the academic year;

I understand that if my child's behaviour is likely to place themselves or other people in danger, the provision of assistance could be withdrawn pending review and reassessment of my child's travel needs;

if it is necessary for them to understand my child's needs, I consent to Leeds City Council's (LCC's) SEND Transport Assessment Officers meeting with me and my child to undertake a practical assessment;

I understand that LCC will store, keep and use all information I give them when I am in contact with them as a record of their work with me and my child, so they can provide me and my child with any services needed - this includes the contents of this form; and

I understand that LCC may share this information with other professionals where relevant and necessary, including the transport operator for the purposes of organising appropriate and safe transport.

**Signature of parent or legal guardian**

Signed: ..... Date: .....

Please print your name: ..... Relationship to pupil: .....

Data Protection - Please be aware that the information you supply on this application will be used to assess eligibility, recorded on computer and, if successful, may be shared with the organisation contracted to employ Travel Support Workers (Independent Travel Training); the West Yorkshire Combined Authority ("Metro"); and the Zero Fare pass supplier. We may also share this data with Contracted Transport suppliers and other local authorities in order to safely transport the subject of this application. All data will be held strictly in accordance with the Data Protection Act 1998.

## WHERE TO SEND YOUR APPLICATION

When the application form is fully completed, put it in an envelope and return it to:

**The SEND Transport Assessment Team**

**Passenger Transport**

**Civic Enterprise Leeds**

**Westland Road**

**LEEDS LS11 5SB**

### **Please check that you've:**

kept the guidance notes in a safe place; filled the form in properly; enclosed all the extra information you want us to look at; attached a passport-approved photograph if you are applying for a Zero Fare pass; and used the correct postage.

### **I am applying for a Zero Fare pass and:**

I have read and understood the guidance notes;

I have attached a passport-approved photograph for use on the pass and have written my child's name, date of birth and school on the back;

if my application is successful, I will immediately return the pass to the address given below if my child moves house or leaves the school named in Part 1; and

I understand that the Zero Fare pass may be withdrawn if my child breaches the Code of conduct or the Conditions of use issued with the pass.

### **Signature of parent or legal guardian**

Signed: ..... Date: .....

Please print your name: ..... Relationship to pupil: .....

**For office use only**

Pupil reference:

Completed Form  Yes  No

Application returned for completion on: ..... / ..... / ..... by: .....

Eligibility checked on: ..... / ..... / ..... by: .....

Walking/driving distance between home and school:..... miles

Journey time door to door: .....hrs .....mins

Child on roll at named school?  Yes  No starting: ..... / ..... / .....

**FSM?**  Yes  No  n/a

Maximum Working Tax Credit?  Yes  No  n/a

Religion or belief?  Yes  No  n/a

School named in Statement or EHC Plan: .....

**Nearest qualifying schools:** 1. .... 2. .... 3. ....

**Approved** Award determined on:..... / ..... / ..... by: .....

Confirmation letter sent on: ..... / ..... / .....

By:.....

Award of Zero Fare Pass?  Yes  No

Code: .....

Expiry date: .....

Despatch to:  Home  WYCA

Request sent to WYCA on: ..... / ..... / .....

Processed by:.....

Independent travel training?  Yes  No

Travel buddy:  Yes  No

Co-ordinator: .....

Other provision?  Yes  No

Travel allowance:  Yes  No

Mileage allowance:  Yes  No

Taxi or minibus:  Yes  No

Passenger assistant:  Yes  No

Parental contribution:  Yes  No

Cost per journey £.....

Booking made on: ..... / ..... / .....

By:.....

Start date:..... / ..... / .....

End date:..... / ..... / .....

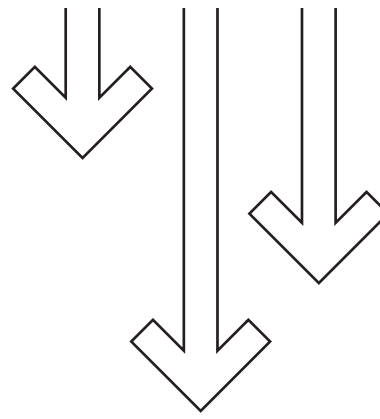
**Refused** Refusal letter sent on:..... / ..... / ..... by: .....

Reasons:.....

.....



IF YOU NEED A COPY OF THIS FORM  
IN LARGE PRINT, **PLEASE CONTACT**  
**0113 378 1820**



#### GUIDANCE NOTES

##### **How can I find out if I qualify for assistance?**

Please read Leeds Children's Services Transport Policy July 2017 before you fill in the form. If you would like a paper copy or have any questions, please ring 0113 378 1820 (option 2).

##### **Who is the application form intended for?**

It's for parents and legal guardians who live in the Leeds District of West Yorkshire. You may use this form to apply for assistance if your child:

- would have to walk a distance of two miles or more to get from home to the school named on their Statement of Special Educational Needs (SEN) or Education, Health and Care (EHC) Plan; or
- lives within statutory walking distance of the school named on their Statement or EHC Plan, but has a learning difficulty, disability or mobility problem that means they are unable to walk even relatively short distances so the need for assistance is apparent in the Statement or EHC Plan; or
- has a temporary mobility problem, such as a broken leg, and you are unable to provide transport yourself.

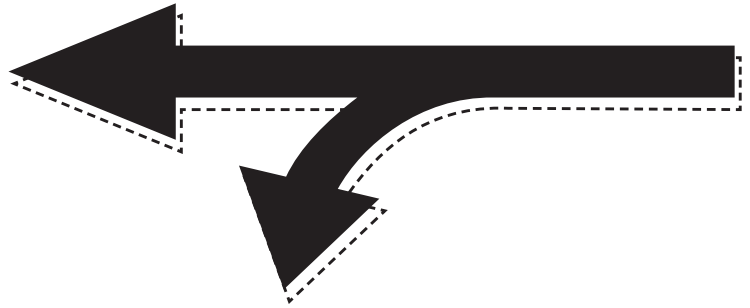
Although it's a parental responsibility to ensure that your child attends school regularly, we will use the information you give us to check whether you are entitled to assistance from the local authority.

##### **What sort of assistance could I get?**

We will assess what would best meet your child's needs. To do this, we look at the information you give us on the application form and may also come and meet with you and your child. If they qualify for assistance, we will provide the least restrictive and most cost-effective form of assistance that we can. It could alter midway through the academic year and involve one or more of the following awards:

- a **Zero Fare School Pass**, which is accepted for travel on buses and trains operating within the county of West Yorkshire and allows one journey to school and one journey home between 7am and 7pm each school day – it can be used on more than one service if no direct service is available and the child needs to change from one bus service to another (or from bus to train and vice versa), but it is not valid if they break their journey unnecessarily and try to re-board without paying.
- a **Zero Fare School Pass**, which would allow your child to travel on a special school bus free of charge - these 'school specials' are funded by the local authority to serve areas where ordinary bus services are not available.
- **travel training** to enable your child to work towards travelling independently on public transport;
- a **travel buddy** who could walk with your child or travel with them on public transport for a short period of time;
- a **mileage allowance, fixed payment** or **travel allowance** if you would like to use your own vehicle or make your own arrangements to take your child to and from school;
- a **taxi or minibus** to transport your child from your permanent home address to school and back - if we offer to provide you with a taxi or a minibus, your child is likely to travel with other pupils;
- a **passenger assistant** to travel with your child in a taxi or minibus.





**If my child qualifies for a Zero Fare pass, when would I receive it?**

Providing we receive your application by **the second Friday of July**, your child's pass will be posted to you during the last week in August. It will generally be valid for use between September and July. Please note that if your application reaches us after the second Friday of July, we may not be able to process it before the start of the new school year. At other times, you must allow 15 working days for us to process your application. Remember, children can only travel free of charge if they have a valid pass.

**If my child is awarded a taxi or minibus, can they use it to go to other locations?**

No. We only provide assistance to enable children to travel between their permanent home address and the school at which they are on roll, at the beginning and end of the school day.

**Continual review and transport reviews**

We may need to undertake a transport review while we are supporting your child's transport requirement. We do this to ensure that we're still offering the most suitable form of support to your child. This review will normally be conducted at your home address, but we can also do this at other appropriate meeting places. If we do need to conduct such a review, we will discuss this with you and schedule the meeting. Failure to allow such a review to take place will put any support that we're providing at risk of being withdrawn.

**What if I apply for assistance, but my child does not qualify?**

We will send you a letter explaining exactly why. Where appropriate, we will also return your photo.

**My child has behaviour difficulties. What else do I need to know?**

We have a duty to ensure the health, safety and well-being of children and the people who are employed to help them in any way. If your child's behaviour is likely to place themselves or other people in danger, we reserve the right to withdraw our support at any time, pending review and reassessment of their travel needs. If they are awarded a Zero Fare pass and breach the Code of conduct or Conditions of use listed in the carrier letter that accompanies the pass, the bus or train operator may withdraw the pass. You would have to write to Metro to explain what happened.

**How do I apply for assistance?**

You must:

- read the policy and guidance notes carefully;
- fill in the relevant parts of the application form;
- read and sign the correct declaration in Part 9;
- put your application in a suitable envelope;
- include any extra information you want us to look at;
- if you are applying for a Zero Fare pass, attach a passport-approved photograph measuring 35mm x 45mm – write your child's name, date of birth and the name of their school on the back; and
- send your application to the address shown on the form - check that you have used the correct postage and consider getting a Certificate of Posting from the Post Office.

**We will return the form to you if:**

- any part of the application is missing or illegible e.g. contact details, wheelchair make and model
- you haven't given us all the information we need;
- you haven't signed the declaration:
- you do not provide a password: or
- the photograph you send us isn't suitable.

**How and when will I hear if my child qualifies for assistance?**

We will write to you at your permanent home address once we have processed your application. This can take up to 15 working days from the date **we receive your fully-completed form**. Please bear in mind that, if we agree that your child needs a taxi or minibus, it can take several weeks to put the necessary arrangements in place. In order to allow time for us to assess and arrange support for the start of term in September, you will need to submit your application **by the last Friday in June**.

**What if my child moves house or transfers to a different school?**

You must let us know as soon as possible, please ring the SEND Transport Assessment Team on 0113 378 1820 (option 2). Existing arrangements may be terminated. If you still want assistance to get your child to and from school, you must fill in a new application form that includes up-to-date information so we can re-assess their needs.

**What if my child needs to make other journeys?**

If you need to find out which buses serve the area in which you live, call Metroline on 0113 245 7676. Bus and train times in West Yorkshire can also be found on Metro's website at [www.wymetro.com](http://www.wymetro.com)

Anyone who lives in Leeds and is aged 11 to 16 needs to get an **Under 16 Photo Card** to prove that they are entitled to travel at half the adult fare on buses and trains within West Yorkshire. Similarly young people aged 16 to 18 who are permanently resident in West Yorkshire are permitted to travel at half-fare on buses and trains within West Yorkshire on production of a **16 - 18 Photo Card**. For more details about these smart cards visit [www.generationm.co.uk](http://www.generationm.co.uk)

If your child is disabled or blind and you want to apply for an English National Concessionary Pass, ring Contact Leeds on **0113 222 4444** or write to Contact Leeds, P.O. Box 657, Leeds LS1 9BS

**What if my child has a medical condition but no EHC Plan?**

Please provide:

- information from a qualified medical practitioner to explain how the medical condition affects your child's mobility - this practitioner could be your doctor, a physiotherapist or hospital consultant;
- a statement telling us why your child cannot use public transport and why you cannot provide transport yourself;
- a letter from the school that confirms the timetable your child will be using whilst receiving our support; and
- how long you think that you will need support from us - this should be supported with a statement by the relevant medical professional.

