

Post 16 SEN Transport Application Form

September 2018 to July 2019

- Use this form to apply for Post16 Education Transport, for the academic year 2018/19.
- Please complete a separate form for each student.
- · Applications will usually be processed within 15 working days, on receipt of a completed application form.
- · You will need:
 - Cheque (if applicable)
 - Copy of your benefit documents (if applicable)
 - Copy of your NAC refusal letter (is applicable)

Please Note:

- Incomplete/incorrect information submitted will result in your application being rejected
- By completing this form, it does not guarantee eligibility. Each form will be assessed and eligibility determined by the County Council. If you are deemed ineligible, any money paid will be refunded.

Eligibility Criteria

For the academic year 2018/2019 the LA can help you with transport costs if you are:

- Has a valid Education Health Care Plan (EHCP) or Statement of Special Educational Needs
- Living within the area where Cambridgeshire is the Local Authority.
- Attending your nearest appropriate post-16 centre
- Enrolled on a full-time course with a minimum of 15 taught hours per week.
- Is aged between 16 and 25 and enrolled in a Post 16 provision
- Resident at an address which is three miles or more from your nearest appropriate post-16 centre measured by the shortest available walking route.

Data Protection Statement

You will be asked to provide information about yourself to enable us to log and process your request. Your personal information will be collected and used in line with Data Protection legislation to provide you with the service you request under the Council's public task and our responsibilities under the Education Act. Information will only be shared with other organisations where this is needed to provide the service you request, or if we are under a legal requirement to do so. Details will be shared with our bus pass producer Euclid and, depending on the service, the taxi provider.

Further details about how we use this data and the rights you have around this can be found on our privacy page. If you have any data protection queries, please contact the Data Protection Officer at **data.protection@cambridgeshire.gov.uk**

Student's details

First name								
Surname								
Date of birth	day	month		year				
Gender Male Female								
Address								
							Postcode	
College/cou	ırse d	etails						
College name								
Course title and	level							
Course start dat	Course start date Course end date							
Days of attendance (if known) tick boxes? Monday Tuesday Wednesday Thursday Friday Times (if known)								
Has the student attended this school/college previously? Yes No NAC Refusal Letter (and attach is needed)								
Parent or g	Parent or guardian's details							
Parent Guardian Title Name								
If you wish to re	eceive (communication via ema	il please provi	de your add	dress b	elow		
Email address								
Telephone Mobile								
Are you emerge	ency co	intact? Yes	No 🗌					
_						Emergency conf	tact	
OFFICE US	EON	LY				Relationship to studer		Title
Transport Agreed by SAT? Yes No No								
Notes					Name			
					Email			
Post 16 Spreadsheet updated? Telephone								
ETO								
Date passed to ETO / /								
Entitlement? PSBE PSPR SC SC								

Does the student have a visual impairment or are they registered blind?	Yes No No						
Mobility needs							
Does the student have a medical need, special educational need or physical disability which prevents you/the student from walking or accessing public transport?	Yes No						
Behavioural needs							
Does the student have any behavioural issues/concerns?	Yes No No						
Is there anything that would help your child manage the journey positively?							
Accessing transport							
Does the student need any assistance boarding transport?	Yes No						
If Yes , Please give full details of assistance needed							
Communication							
What level of communication does the student have?							
None Very Little speech Adequate No issues							
How does the student normally travel on transport?							
Normal car seat (no equipment required)							
Booster seat							
Wheelchair/Buggy if Yes ,							
– Make							
- Model							
– Size							
– Weight							
 How does the student travel? Remaining in their wheelchair/buggy or transfer to car seat 							
- If transfer to car seat, can wheelchair/buggy be folded? Yes No							
Other – please give full details							
Do you feel the student requires a Passenger Assistant?	Yes No No						

Please Note: answering yes to this question does not guarantee a Passenger Assistant, each case is assessed based on students needs

Visual impairment

Medical needs

Please Note - The information provided in this section will be shared with the staff transporting the student.

f Yes –		
	Type of Epilepsy	
_	Likelihood of seizure on vehicle?	Low Medium High
		Low Median Ingn
-	Warning signs	
-	Triggers	
-	Oral Medication	
-	Appearance of seizure	
-	Frequency of seizure	
-	Duration of seizure	
-	First aid for seizure	
-	Emergency Treatment	
-	Signs and symptoms	
-	When to call Emergency Services	
-	Other	
	ako atudant kana tatkuna?	stants cannot administer medication.
	the student have Asthma?	Yes No
Does	,	
Does f Yes	Type of Asthma	
Does f Yes –	, Type of Asthma	
Does f Yes –	Type of Asthma Symptoms of Asthma	
Does f Yes –	Type of Asthma Symptoms of Asthma Triggers	
Ooes f Yes - - -	Type of Asthma Symptoms of Asthma Triggers Oral Medication	
Ooes f Yes - - - -	Type of Asthma Symptoms of Asthma Triggers Oral Medication Frequency of Asthma Attacks	Yes
Ooes f Yes - - - -	Type of Asthma Symptoms of Asthma Triggers Oral Medication Frequency of Asthma Attacks Emergency Treatment	Yes
Please	Type of Asthma Symptoms of Asthma Triggers Oral Medication Frequency of Asthma Attacks Emergency Treatment e Note— Drivers and Passenger Assist	Yes No
Please	Type of Asthma Symptoms of Asthma Triggers Oral Medication Frequency of Asthma Attacks Emergency Treatment Phote—Drivers and Passenger Assist	Yes No
Please Ooes Tyes	Type of Asthma Symptoms of Asthma Triggers Oral Medication Frequency of Asthma Attacks Emergency Treatment Phote—Drivers and Passenger Assist	Yes No
Please Ooes Tyes	Type of Asthma Symptoms of Asthma Triggers Oral Medication Frequency of Asthma Attacks Emergency Treatment e Note— Drivers and Passenger Assist the student have any Allergies? Type of Allergy	Yes No
Pleas	Type of Asthma Symptoms of Asthma Triggers Oral Medication Frequency of Asthma Attacks Emergency Treatment e Note— Drivers and Passenger Assist the student have any Allergies? Type of Allergy Symptoms of Allergy	Yes No

Please Note – Drivers and Passenger Assistants cannot administer medication.

Personal Travel Budget

In some circumstances, the County Council could offer a Personal Transport Budgets (PTB) for alternative travel arrangements to be made. This could be parents/guardians transporting in their own car, or paying a relative. Full details on the PTB process is available at									
www.cambridgeshire.gov.uk/education/transport									
-	_	-	does not guaran lications on the C	ntee PTB will be ap County Council.	proved, they a	are assessed	on a case by c	ase basis, based o	n the
Would you lil	ke to be c	onsidered	for a Personal Tra	ansport Budget?	Yes	No 🗌			
Low Incom	me Trai	nsport							
In order to qu	ualify for t	free transp	ort the student, o	r a member of the	ir household i	must claim or	ne of the follow	ving benefits:	
– Incom	ne Suppo	rt							
Income based job seekers allowance									
 Income related employment and support allowance 									
Support under Part VI of the Immigration and Asylum Act 1999									
- Guarantee Element of State Pension Credit									
- Universal Credit									
- NHS Tax Exemption									
Ensure yo	ou attach	a copy of u	your low income	evidence to your	application.				
Fare Payi	ng Trai	ısport							
If you do not				teria in the Low In	come Trans	port section	(above), a fina	ncial contribution	must be
Cheques and	l postal or	ders must	be made payable	e to Cambridges l	ire County	Council			
Year	£540								
Full term	£180	Autumn Spring Summer							
Half Term	£90								

9 Declaration by parent or guardian

It is **important** you read the declaration before signing the form.

- I confirm the information in this form is correct, to the best of my knowledge
- I understand if I knowingly provide false information transport will be revoked
- I understand that a change of address may mean the student is not longer eligible for transport, and I will inform the Local Authority of any changes
- I understand that the information provided will be shared with the students transport provider and the staff on the vehicle

Name (print)		
Signature		
Date		

Have you remembered to enclose...

- A signed cheque, payable to Cambridgeshire County Council (if applicable)
- A copy of your low income evidence (if applicable

Please note:

You must allow 10 working days for your application form to be processed.

Incomplete/incorrect information submitted will result in your application being rejected.

The information may be used by the student's school/college.

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Email: edtransport@cambridgeshire.gov.uk/education/transport/sen-post16

www.cambridgeshire.gov.uk/education/transport/sen-post16