

# TRAVEL READY

YOUR JOURNEY STARTS HERE



## APPLICATION FORM

FOR CHILDREN AND YOUNG PEOPLE WITH SEND,  
AGED 5 to 19, WHO ATTEND A SCHOOL OR A SILC

Please return your completed application to:  
The SEND Transport Assessment Team  
SENSAP  
Adams Court  
Kildare Terrace  
Leeds  
LS12 1DB

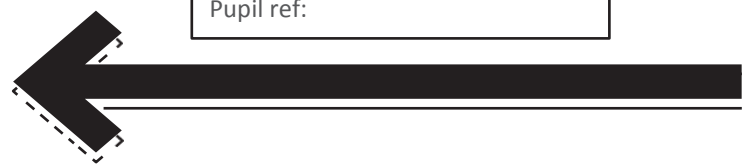


**Leeds**  
CITY COUNCIL



**APPLICATION FOR ASSISTANCE WITH HOME  
TO SCHOOL TRAVEL ARRANGEMENTS FOR A  
CHILD OR YOUNG PERSON WITH SEND, OR A  
PERMANENT OR TEMPORARY DISABILITY**

For office use  
Pupil ref:



**REASON FOR COMPLETING THIS FORM** - There is a guide on how to complete this form on the back pages

New application       Your child is changing school/site       Other

Change of address       Your child's needs have changed/  
their wheelchair has changed

**PART 1 – PUPIL DETAILS**

Firstname ..... Current age .....

Last name ..... Current school year group .....

Date of birth ..... Is the child fostered or in public care?

Yes                      No

**WHICH SCHOOL WILL YOUR CHILD ATTEND?**

.....

.....

.....

Postcode .....

**If your child is awarded support as a result of this application, what is their confirmed start date?**

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**PERMANENT HOME ADDRESS:**

.....

.....

Postcode .....

Has the child moved house since your last application?       Yes       No

**If yes, please tell us:**

their previous address .....

the date they moved.....       **Tick to show you are including proof of the new address**

**As proof of address, we accept a council tax bill, tenancy agreement or utility bill stating the address**

**ADDITIONAL INFORMATION ABOUT YOU AND YOUR CHILD**

Is your child entitled to free school meals?       Yes       No

Are you in receipt of your maximum level of Working Tax Credit?       Yes       No

**If you believe that you are, please enclose a copy of the tax credits awards notice you received from HM Revenue and Customs for 06/04/2018 to 05/04/2019. Make sure you include Part 2 of the notice.**

**PART 1 - CONTINUED**

Was your child at school last academic year?

Yes

No

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

Does your child have a National Concessionary Travel Permit that allows free travel after 9.30am?

Yes

No

Don't know

Please tell us how your child travels on evenings and weekends

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Please tell us how your child travels on school trips

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Would your child be capable of travelling independently on public transport;

now, without any support?

Yes

No

now, but only if accompanied by an adult?

Yes

No

following Independent Travel Training?

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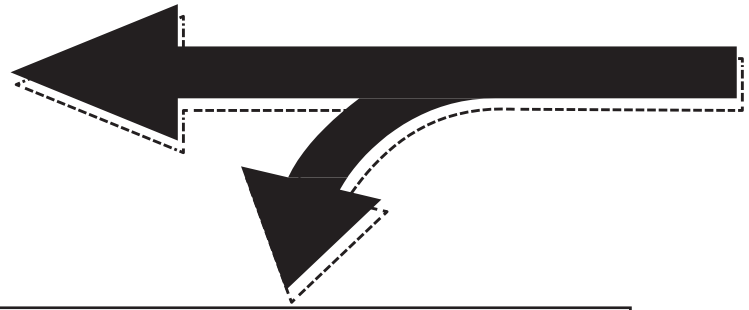
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**IF YOU ARE APPLYING FOR A ZERO FARE SCHOOL PASS, PLEASE ATTACH ONE PASSPORT-SIZED PHOTO (35MM X 45MM) OF YOUR CHILD HERE. ON THE BACK OF YOUR PHOTO WRITE THEIR:**

- NAME
- SCHOOL
- DATE OF BIRTH



**PART 2 - YOUR CHILD'S NEEDS**

Does your child have a finalised Educational Health Care Plan?

Yes       No

**If you have ticked no please see note on page 19 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 .....

**Important**

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 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**

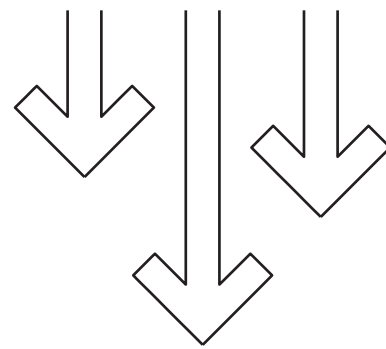
Title .....

First name .....

Last name .....

Relationship to child or young person .....

Home ..... Mobile .....



### 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 yourself 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. Failure to ensure this may result in transport arrangements being withdrawn, temporarily or permanently.**

### PART 4 – PUPIL 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 they ensure the following is done prior to us transporting your child. They;

- maintain the equipment as recommended by the wheelchair manufacturer.
- understand their role in sharing responsibility for the wheelchair occupant's best interests.
- use the prescribed equipment correctly and safely, and understand the necessity for its use on an ongoing basis.
- liaise with those transporting you to undertake risk assessments when required.
- 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 you 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 parents or guardians.**

Do they have to travel in their wheelchair?  Yes  No

If **No**, can their 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'Strain or Unwin wheelchair clamping systems.**

Are these restraint systems suitable for this wheelchair?

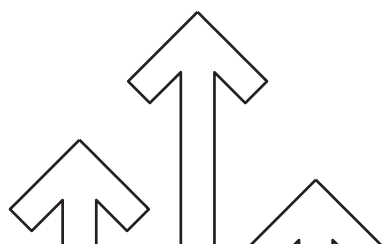
Yes  No  Not sure

If yes, which system? .....

If your child uses a wheelchair and 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 HARNESES

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

Does your child require an additional harness  Yes  No

(for example a breastplate harness) when travelling?

If you have ticked **Yes**, please tell us their weight: (kg) and height: (cm)

Please give details of any other seating requirements:

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## PART 6 - PUPIL HEALTH NEEDS AND MEDICAL CONDITIONS

Please tick any of the following that apply to your child:

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

In common with other local authorities, we cannot administer medicines or perform medical interventions on children or young people while they are being transported. We may, however, assist them 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 travelling?     Yes     No

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

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## SEIZURES

Is your child likely to have a seizure of any description?  Yes  No  
If **Yes**, please indicate the type of seizure:  Tonic-clonic  Absence  Both  
If there are any visible warning signs prior to a seizure, please tell us what we should look for:

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Generally, how long do seizures last?

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What could transport staff do to assist your child, in the event of them having a seizure?

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If your child has a seizure, at what point would transport staff need to alert emergency services?

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**In case of a medical emergency:**

In an emergency situation, the Driver or Passenger Assistant would call 999 or divert to the nearest appropriate medical facility. Please confirm that you accept this course of action would be appropriate for your child's medical needs in the event of an emergency: No  Yes

If they have ticked **No**, please give details, continuing on a separate sheet if necessary:

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**PART 8 - BEHAVIOUR AND ANXIETIES**

**Description of your 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 |   |                          |     |                          |    |
| Spitting / tantrums / tears                                    | <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 |
| Grabbing hair / neck / arm / clothing / jewellery / spectacles | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Other   | <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 ensure detail is provided below. 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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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 on 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 help keep your child 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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**INDEPENDENT TRAVEL TRAINING CONSENT**

**If you are applying for Independent Travel Training, please complete the following:**

**Initial assessment**

- I give my consent for my child to take part in an initial travel assessment with a Travel Training Co-ordinator. I understand this will involve them crossing public highways and may involve them using public transport, under supervision.

**Accompanied travel**

- Following assessment, I consent to my child travelling between home and college accompanied, as necessary, by an Independent Travel Support Worker employed by the organisation contracted by Leeds City Council to employ Travel Support Workers.
- I understand that this will involve my child crossing public highways and using public transport and that following assessment, and only when they have been deemed as being safe to travel the route they have learned, will involve them making this journey independently, and no longer using transport provided by the local authority.

Young Person's signature: \_\_\_\_\_ Date \_\_\_\_\_

Young person's name: \_\_\_\_\_

Parent or legal guardian's signature (Required if you are under 18 or are unable to sign this form yourself):

\_\_\_\_\_ Date \_\_\_\_\_

Parent or legal guardian's name: \_\_\_\_\_

**PART 9 - DECLARATION**

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

- I have read and understood the guidance notes and the Privacy Notice;
- 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;
- I understand that if my application is successful, I will immediately return the pass to the address given above if my child moves house or leaves the school named in Part 1; and
- I understand the pass may be withdrawn if I breach the Conditions of Use issued with the pass.

**If you are not applying for a Zero Fare School Pass, please read and sign the following:**

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

- I have read and understood the guidance notes and the Privacy Notice;
- 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 and 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;
- transport assistance can be reassessed and the award may change within the duration of the award;
- if my child's behaviour is likely to place myself 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 Leeds City Council's (LCC's) Transport Assessment Officers to meet with me and my child to understand my child's needs, I consent to them undertaking a practical assessment;
- 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 my child, so they can provide my child with any services needed - this includes the contents of this form; and
- 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 (*Required if you are under 18 or are unable to fill in the form yourself*)**

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

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

**Your signature**

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

Please print your name: .....

**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 ..... Journey involves .....

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

**FSM?**

**Max WTC?**

**Religion or belief?**

Yes  No  n/a

Yes  No  n/a

Yes  No  n/a

School named in EHCP: .....

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

Approved Award determined on: ...../...../..... By: .....

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

Award of ZFSP? Yes  No

ITT: Yes  No

Code: .....

PTA: Yes  No

Expiry date: ...../...../.....

Taxi or minibus: Yes  No

Send to:  Home  WYCA

Passenger assistant: Yes  No

Parental contribution: Yes  No

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

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

By: .....

Request made by  Email  Paper copy

Start date: .....

End date: .....

Refused Refusal letter sent on: ...../...../..... By: .....

Reasons:.....  
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## PRIVACY NOTICE -YOUR INFORMATION AND HOW IT WILL BE USED

Leeds City Council is committed to respecting the rights of service users to confidentiality and/or anonymity when seeking advice. We take our obligations under the Data Protection legislation (the General Data Protection Regulation and the Data Protection Act 2018) very seriously. The information you provide will be subject to rigorous measures and procedures to make sure that it cannot be seen, accessed or disclosed to anyone who should not see it. Our service also needs to use sensitive personal data relating to you (also called “special category data”) which requires more protection by us to keep it safe.

We provide support with home to school or college travel arrangements for parents and young people applying, offering information, advice and support relating to a child or young person’s Special Educational Need or Disability (SEND), including processes relating to education, health and social care. Please be aware that the information you supply on the application will be used by Leeds City Council to process your requests, to contact you in relation to your requests and to deliver services you request from us. It will be recorded on computer and used to assess eligibility for services.

Leeds City Council are the Data Controller of this information and the legal basis for processing the data is to comply with a legal obligation, or because we are acting in the public interest or exercising a public task in our official authority.

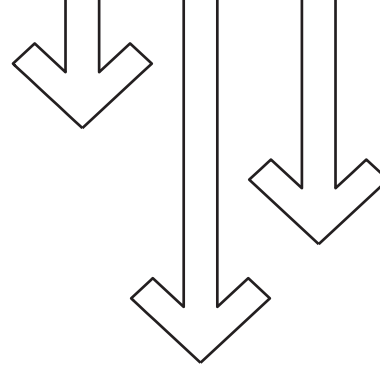
Additionally we may share information, where lawful, with other services within the Council and also with other relevant organisations. Where appropriate, we will share relevant information with; the organisation contracted to employ Travel Support Workers (Independent Travel Training); the West Yorkshire Combined Authority (WYCA); the Zero Fare School Pass supplier contracted by WYCA and; contracted transport suppliers, in order to safely transport the subject of this application.

There may also be circumstances where we may use and share your information without your agreement, if we are legally required to do so if we believe there are significant concerns relating to you, your child/ young person’s safety or wellbeing. We will keep your personal information for 35 years from the date of first involvement in accordance with the Leeds City Council retention schedule.

You have rights in respect of the information we hold about you and your child, including the right to ask for access to your information or to withdraw from involvement in respect of the travel arrangements. Further information in respect of your rights is available at <https://www.leeds.gov.uk/opendata/your-rights>. To exercise any of your rights, please contact the SEND IASS or [dpfoi@leeds.gov.uk](mailto:dpfoi@leeds.gov.uk);, or send to Information Management & Governance, PO Box 837, LS1 9PZ, and we will advise you of the procedure.

LEEDS LS11 5SB

IF YOU NEED A COPY OF THIS FORM  
IN LARGE PRINT, **CONTACT on**  
**0113 535 1990** or email  
**sendtransport@leeds.gov.uk**



#### GUIDANCE NOTES

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

Please read Leeds Children's Services Transport Policy 17<sup>th</sup> July 2017, *amended June 2018* before you fill in the form. If you would like a paper copy or have any questions, please ring or email the team on 0113 535 1990 or sendtransport@leeds.gov.uk

##### **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 Education, Health and Care (EHC) Plan; or
- lives within statutory walking distance of the school named on their 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 EHC Plan; or
- has a temporary mobility problem, such as a broken leg, and you are unable to provide transport yourself.

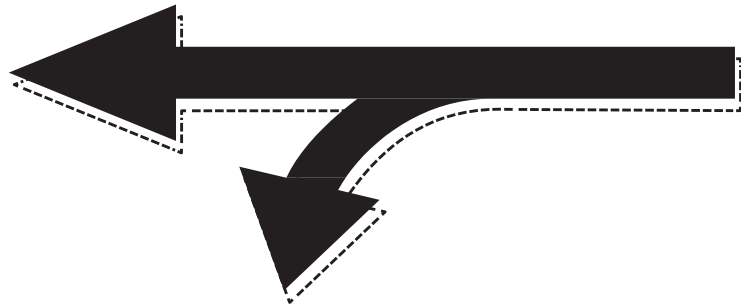
Although it's a parental responsibility to ensure that your child attends school regularly, we will use the information you give us to check whether you are entitled to assistance from the local authority.

##### **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 will include 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 Boarding 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.
- **Independent Travel Training** to enable your child to work towards travelling independently;
- a **Travel Support Worker** who could walk with your child or travel with them on public transport for a short period of time;
- a **Personal 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 young people, as well as the people who are employed to assist with their travel arrangements. 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 535 1990. 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.

**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**

**SENSAP**

**Adams Court**

**Kildare Terrace**

**Leeds**

**LS12 1DB**