

Travel Training Referral Form

Learner Name			
Learner's School		Parent/ Carer Names	
		Contact Numbers	
Date of Birth		Referring Body:	
Address		Contact Name	
		Contact Number	
Detail of the journey/s (note training is designed to create Independent Travelers, not just provide training in travelling from A to B)			
Please comment on the students' motivation to be travel trained.			
Please give any relevant medical information that may affect the student. (Attached any care plans if available)			
Please provide some information about students learning or behavior needs including any effective management strategies.			

Please confirm that the learner has an EHCP: Yes " No "

If no, please provide your reason for referral i.e. specific needs/ barriers that the learner has:



Safeguarding

Are there any Safeguarding concerns which may impact on the young persons safety or ability to carry out Independent Travel Training?

(If you tick yes, then you MUST follow up this referral with an email to our Designated Safeguarding Lead all of the relevant detail) E: kcharalambous@westleaschool.co.uk

Yes No

Any updates on this during or after the programme will be communicated to the Designated Safeguarding Lead at the referring agency.

Please answer the questions below to the best of your ability. None of these are a pre-requisite to the learner being accepted onto the programme:

	YES	NO	COMMENTS
Has this person had any previous travel training.			
Can this person:			
Recognize the dangers of crossing the road?			
Use a pelican/pedestrian crossing?			
Learn to remember routes and directions?			
Travel by bus with support?			
Read a bus number?			
Travel on foot unescorted?			
Is this person able to:			
Request help from an appropriate source?			
Maintain their own personal safety?			
Deal appropriately with strangers?			
Does this person:			
Have any physical problems that may restrict their ability to travel?			
Have any allergies or phobias?			



Have any behavioral problems that may restrict their ability to travel independently?					
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Travel Training Agreement

By completing this referral form and signing the agreement you are confirming that you agree to follow our own Safeguarding and Child Protection/ Vulnerable adult policies and procedures whilst on our Independent Travel Training programme. A copy of this is available on request.

Learner and parents understands the details of the Travel Training programme.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Learner and parents are aware of the risks of Travel training	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Learner and parents agrees to have the learners photograph taken and used to help promote Travel Training more widely and to help develop resources for other learners.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Learner and parents agrees to the travel training programme as proposed.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Proposed start date	
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Learner Signature	
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Date	
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Parent Signature	
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Date	
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Referring Body Signature	
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Date	
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Please return the completed form to ITT@westleaschool.co.uk

