

Application for a Child or Young Person to Receive Travel Assistance

Please read Enfield's Getting to School Policy to ensure you, your child or young person are eligible before completing this form. A copy is available on Enfield's website at https://www.enfield.gov.uk/_data/assets/pdf_file/0014/5612/getting-to-school-policy-local-offer.pdf

You are making an application for Travel Assistance. Travel assistance may be in the form of:-

- Travelcard
- Travel buddy/carer/escort
- Transport
- Mileage
- Afterschool/breakfast club
- Travel training
- Taxi fares

This list is not exhaustive.

Please save the document to your device before completion. You can then email the form as an attachment.

The application form, once completed, should be emailed to Travel.Assistance@Enfield.gov.uk or can be printed and sent to Travel Assistance Application, SEND Travel Brokerage, Civic Centre, Silver Street, Enfield, EN1 3XY

You will be contacted by a Travel Assistance Broker to discuss your application. The Broker will explain the ongoing process.

Please ensure the form is fully completed and signed to ensure that an accurate outcome is achieved. Any gaps in information may result in your application being deferred.

If you are already in receipt of Travel Assistance support and you have moved home, you should contact Travel.Assistance@Enfield.gov.uk for an "Application for Change to Existing Travel Assistance" form.

1: Details of the child or young person			
Surname		First name	
Date of birth		Gender	
Home or Main Address			
Postcode			
Home phone		Mobile	
Email address			

2: Why are you applying for Travel Assistance?	
<p>Travel assistance is only provided for eligible children and young people, as set out in Enfield's Travel Assistance Policy.</p> <p>Please tell us why you are applying at this time. Please tick ALL that apply.</p>	
Starting primary school or starting in Year 7	<input type="checkbox"/>
Change of educational establishment	<input type="checkbox"/>
Change of address	<input type="checkbox"/>
Starting further education	<input type="checkbox"/>
Have a disability or medical diagnosis	<input type="checkbox"/>
Please indicate why you believe you, your child or young person is eligible.	
Special Educational Needs or Disability	Distance to school
Need to be accompanied	Medical condition
Low income household	Religious education
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
Additional factors: Please give any other relevant information to support your application	

3: Parent					
Title		Relationship to child or young person		Parental responsibility	Yes No
Surname:			First name:		
Home or Main Address (if different to above)					
Postcode					
Home phone			Mobile		
Email address					
Employment Status: (if working, please provide work address, hours undertaken and on what days)					
Other Caring Responsibilities					
Can you drive/have access to a car.					
Parent					
Title		Relationship to child or young person		Parental responsibility	Yes No
Surname:			First name:		
Home or Main Address (if different to above)					
Postcode					
Home phone			Mobile		
Email address					
Employment Status: (if working, please provide hours undertaken and on what days)					
Other Caring Responsibilities					
Can you drive/have access to a car.					

4: Details of Carers/Guardian					
Title		Relationship to child or young person		Parental responsibility	Yes No
Surname:			First name:		
Home or Main Address (if different to above)					
Postcode					
Home phone			Mobile		
Email address					
Employment Status: (if working, please provide hours undertaken and on what days)					
Other Caring Responsibilities					
Can you drive/have access to a car.					

5: Details of School or other educational setting e.g. college for which you are requesting travel assistance			
School/Setting Name			
Address			
Postcode			
Current year group		Proposed start date	
If you aged 16 or over and are attending college or an educational setting other than a school, please provide the following further information			
Full title of course			
Main subject(s) to be studied			
Date you started or are due to start		Expected completion date	
Length of course in total (years)		Full time / Part time	

6: Current travel arrangements			
How does your child travel to school now?			
If you/your child or young person currently have transport to school or another educational setting or you are seeking this please provide information on daily timings			
	What time do you need to arrive at school/college	What time do you need to be collected from school/college	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
If travel is <u>NOT</u> on a daily basis each week please tell us about your travel:			
Weekly	Yes No	Fortnightly	Yes No
Beginning and end of half term	Yes No	Beginning and end of term	Yes No
Other – please give details			

Please complete all the sections below which are relevant to your application

7: Education History	
Please provide details of your previous or most recent school/educational establishment	
Name of school / establishment	
Date placement ended	

Eligibility based on SEND

8: Statement of Special Educational Needs or Education Health and Care Plan			
Do you/does your child/young person have a statement/ EHCP	Yes No	If Yes which local authority maintains it?	

Eligibility based on Low Income

Please indicate which of the qualifying benefits you, your family, the child or young person receives. You will be asked to send proof of this.					
Working Tax Credit	Yes	No	Free School Meals	Yes	No

Eligibility based on Medical or Physical needs or accompaniment

9: Other Medical or Physical needs			
Do you, your child or young person have any other medical needs which are relevant to this application? Please give details.			
Are these medical needs temporary?	Yes No	If Yes when are they expected to end?	

10: Please tell us about travelling to school or another educational establishment

Is there a reason why you, the child or young person cannot walk on their own? If so please tell us why this is?

Is there a reason why you, the child or young person cannot walk accompanied by a responsible adult? If so please tell us why?	
Is there a reason why you, the child/young person cannot travel by public transport on their own? If so please tell us why this is?	
Could you, the child/young person travel by public transport accompanied by a responsible adult? Please tell us why this might not be possible?	
Are you/is the child or young person a wheelchair user?	Yes No
Electric <input type="checkbox"/>	Manual <input type="checkbox"/>
Do you/does the child or young person require any other equipment or medication to enable safe travel? If so please give us details.	

Other Factors Relevant to the Application

11: Other children in the household			
Name	Age	School	Has a disability?
			Yes No
			Yes No
			Yes No

12: Our communication with you			
How would you prefer us to communicate with you? Please indicate.	Email	Phone	Written / post
	Yes	Yes	Yes
	No	No	No
Please give details if this is different to the information you included in Sections 1 or 3			

13: Declaration	
By signing this form below you are giving us permission to share the information contained in this application form for the purposes of considering your request for travel assistance. By signing it you are also confirming that to the best of your knowledge the information given on the form is correct and true.	
Form completed by (print name)	
Signature	
Relationship to child/young person	
Date	

Please send the completed form:

by email: travel.assistance@enfield.gov.uk

by post: Travel Assistance Application, SEND Travel Brokerage, Civic Centre, Silver Street, Enfield, EN1 3XQ

For official use only			
Date received:		New application: Yes No	Review existing: Yes No
Synergy ID:	Distance (from main home to school):		
Service / Team reviewing:			
Outcome (please record reason for decision, with reference to the eligibility criteria). Should the agreement be based on a low-income application, please state checks carried out to verify this and upload any supporting information with the application form.			

Decision made by (print name)	Signed
Officer Title:	Date: