**Application for Travel Assistance**

**Young Persons of Sixth Form Age (16-18)**

Notes for Guidance

Please read the relevant part of the Council’s “Travel assistance policy for 0-25 year olds in education” (available at <https://www.birmingham.gov.uk/downloads/file/12830/0-25_travel_assistance_policy_201920>) before completing this form. Please note in particular, that as that document makes clear, the Council’s policy is that unless the circumstances are exceptional, the Council will only consider providing travel assistance for young persons of sixth form age who have an Education Health and Care (EHC) Plan, a disability or learning difficulties. Even where the Council does provide travel assistance to a young person of sixth form age it will make a charge for this. Please complete this form carefully, ensuring all information provided is accurate and that you include everything you want to say in support of your application.

**All sections must be completed or the form will be returned and there will be a delay in processing your application**.

**Please email this form to:** **travelassist@birmingham.gov.uk** **or return it to the following address: Travel Assist, PO Box 16541, Birmingham, B2 2DD**

Travel Assist, PO Box 16541, Birmingham, B2 2DD

Telephone: 0121 303 4955

Email: travelassist@birmingham.gov.uk

Website: [www.birmingham.gov.uk/travelassist](http://www.birmingham.gov.uk/travelassist)

**Application for Travel Assistance**

**Young Persons of Sixth Form Age (16-18)**

**All fields are mandatory and must be completed, or marked N/A if they do not apply.**

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| **Section 1 – Young Person’s Personal details:** |
| Surname |  | Date of birth |  |
| First Name |  | Gender |  |
| Home Addressi.e. the pupil’s only or main residence |  | Post Code |  |
| Name of both Parents or Carers | **Mother:** | **Father:** |
| Telephone Numbers: |  |  |
|  |  |
| Email Address: |  |  |
| Are you residing at the same address? | If no, please confirm address: | If no, please confirm address |
| Are you a Looked After Child? | Yes | No |
| If Yes, please confirm which Local Authority is responsible: |
| Name of Social Worker, Contact Number and if applicable, Foster Agency Name: |
| Do you have an Education Health and Care Plan | Yes |  No |

| **Section 2 - Other Information** |
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| Tell us about your special educational and/or medical needs and/or disability. Do you have: (please tick or circle) |
| Social, Emotional and Mental Health needs | Yes | No |  | Hearing impairment | Yes | No |
| Cognition and Learning difficulties | Yes | No |  | Visual impairment | Yes | No |
| Speech, Language and Communication difficulties (including ASD) | Yes | No |
| Physical difficulties | Yes | No |
| Please state any other special educational or medical needs or disabilities: |

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| Tell us about your behaviour. Do you have any of the below: (please tick or circle) |
| Have any difficulty walking or using public transport due to your behaviour?  | Yes | No |
| Challenge Authority? | Yes | No |
| Exhibit violent or aggressive behaviour? | Yes | No |
| Pose any risk to other passengers (pupil/driver/pupil guide)? | Yes | No |
| If you have answered yes to any of these questions please describe these behaviours, tell us about anything that prompts you to behave in this way? |
| Full name of all other children in your family under 16 years of age | Date of birth | Which school do they go to (including postcode) | School start and finish times |
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|  |  |  |  |  |
|  |  |  |  |  |
| Have you received transport assistance before?*If yes, please tell us below what assistance was provided*  | Yes | No |
| Do your parents have a vehicle?  | Yes | No |
| If Yes, please provide the make and model of your car and details of any adaptations which have been made to the vehicle: |
| Make & Model |  | Adaptations to the car |  |
| If applicable, please provide the reason why the vehicle cannot be used to take you to and from School / college |
| How do you travel the rest of the time, i.e. when you are not travelling to school /college?  |
| Please use this space to tell us anything else that you would like taken into consideration which would prevent you being accompanied to and from School / college:  |
| Your application should include any documents that you would like us to consider, including your EHCP or statement of special educational needs. or where appropriate Joint Epilepsy Care Plan (dated within the last 2 years) Please list the documents that you have included with your application:  |

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| **Section 3 - Wheelchair Users:** If you are not a wheelchair user please move to next section(please tick or circle the appropriate answer) |
| Can you walk at all?  | Yes | No |
| Can you transfer to a seat on a vehicle? | Yes | No |
| If yes, do you require assistance to do this? | Yes | No |
| Please state what assistance is required? |
| Do you need to travel in a wheelchair on the vehicle? | Yes | No |
| What is the make and model of the wheelchair? |  |
| Is the Wheelchair: | Folding | Non-folding | Electric |
| What is the dimension (in centimetres) of the wheelchair when in use?  | Length  | Width | Height |

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| **Section 4 - Employment, Study, Training or Work Placement Details** |
| Are your parents attending work, college, university, a training programme or work placement: |  **Mother:** | Yes | No | **Father**: | Yes | No |
| Name & Address of Employer/College/University/Training Provider/Work Placement attended (including postcode): |  |  |
| Please indicate the days that they attend employment, college/university/training programme/work placement plus start and finish times of seminars/lectures/training/placement undertaken each day. Please include the start and end times of shifts.  |  | Start | Finish |  | Start | Finish |
| Mon |  |  | Mon |  |  |
| Tue |  |  | Tue |  |  |
| Wed |  |  | Wed |  |  |
| Thu |  |  | Thu |  |  |
| Fri |  |  | Fri |  |  |

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| **Section 5 - Income**  |
| Are your parents receiving any income related benefits? |  **Mother:** | Yes | No | **Father**: | Yes | No |
| If **yes**, please list the benefits that they receive below and provide documentary evidence of your entitlement.  |  |  |

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| **Section 6 - School/College/sixth form/other educational institution**  |
| Name of School/College/Sixth Form/other  |  | Telephone number |  |
| Address |  | Postcode |  |
| Do you already attend this school / college? | Yes | No |
| Date started/date due to start |  |
| Title of course studied/due to be studied |  |
| Is the course full time? *(The Course must be a minimum of 450 guided hours of study, approximately 12 guided hours per week)* | Yes | No |
| Which days will you attend School / college? |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |
|  |

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| **What type of Travel Assistance do you believe that you need?** |
| Travel Pass | Yes | No |
| Personal Transport Budget (Please refer to policy) | Yes | No |
| Guided Public Transport  | Yes | No |
| A Transport Vehicle[[1]](#footnote-1)  | Yes | No |
| Other  | Yes | No |
| Please give your reasons for the type(s) of travel assistance requested: |  |  |
| Are you eligible for a Post 16 Bursary? | Yes | No |
| Are you eligible for help from the Discretionary Learner Support Fund? | Yes | No |
| Do you have a Concessionary Pass to use on public transport? | Yes | No |
| Are you only applying for a Bus/Train pass?**If yes, you do not need to complete Contributions to cost of transport**  | Yes | No |
| Please give your reasons for the type(s) of travel assistance requested: |

**Contributions to cost of transport**

*You do not need to complete this section if you are only requesting a bus / train pass.*

*To be completed by parent(s)*

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| If you are unable to get to school/sixth form/college and would like to request for specialised transport to be considered, your parent(s) will need to make a contribution towards these costs. Please select and tick one of the following: |
| I/we agree to pay a contribution of £780 towards the cost of the specialised transport for this academic year. |  |
| I/we agree to pay a contribution of £390 towards the cost of the specialised transport for this academic year because I/we or our son/daughter are in receipt of:* Income Support
* Income based Job Seekers’ Allowance.
* Income related Employment and Support Allowance.
* Support under Part VI of the Immigration and Asylum Act 1999.
* The Guaranteed element of State Pension Credit.
* Child Tax Credit provided they are not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190.
* Maximum Working Tax Credit (no reduction for income)
* Working Tax Credit Run-on – paid for 4 weeks after you stop qualifying for Working Tax Credit.
* The young person receives income support or income based job seekers allowance in their own right.
* Universal Credit

***You must provide recent evidence of the benefits you receive. In the case of Tax Credit notifications,* all pages *must be provided*** |  |
| How do you want to pay? |
| I/we wish to pay the whole amount prior to the start of the Academic year, or prior to starting on transport if applying during the academic year. You can make a payment by debit or credit card. You will be advised how to do this accordingly if assistance is agreed. |  |
| I/we wish to pay on a monthly basis by direct debit. Arrangements will be made for you to be charged upon receipt of the signed direct debit mandate over an 8 month period starting from October to May. Payment of either £97.50 per month, or £48.75 per month if your family is on a low income, will be taken on the 1st of each month and you will be advised how to do this accordingly if assistance is agreed. N.B. If your son/daughter start on transport is during the academic year then you will make fewer payments but for higher monthly amounts as full payment has to be received by 31 May. |  |

**DECLARATION**

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| **Please read the following declaration. We will not process your application for support if you do not sign and date the declaration.**The information I have given on this form is complete and accurate. I will inform you immediately of any change in circumstances which might affect any entitlement to travel assistance. I understand that if I give you false information, or fail to give complete information the Council may take action against me. I will write and tell you immediately if I/the young person leaves or transfers to a different educational setting. I do/do not (**delete as applicable**) consent to the Travel Assist Service reviewing a copy of my child’s EHCP and any assessment reports. If financial assistance is provided to me or on my behalf, and if, for whatever reason, an amount which is more than I am entitled to, I will pay back any amount in excess of my entitlement. |
| **Your signature:** | **Date:** |
| **Parent/Carer 1 signature:** | **Date:** |
| **Parent/Carer 2 signature:** | **Date:** |

**Privacy Notice under the General Data Protection Regulation** (GDPR) (EU) 2016/679

The information you have provided on this form will be used by Birmingham City Council in accordance with the General Data Protection Regulation and any successor legislation to the GDPR or the Data Protection Act 1998.

The information will be used in accordance with the Education Transport Policy and for the purpose of processing applications for pupils travel assistance as required to fulfil the Council’s duties under legislation, statutory or contractual requirement or obligation.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with external organisations whose business it is to assist in the service delivery of transport solutions to eligible students and with the Department of Education for statistical purposes only.  The personal data is not shared with anyone else and will never be disclosed for marketing purposes.

The information contained on this application form will be retained until you no longer require travel assistance provided by the Council and then for a further 90 days from the date that travel assistance ceases and shall be processed in adherence to your legal rights, which are set out in our privacy notice which can be found at: [www.birmingham.gov.uk/privacy](http://www.birmingham.gov.uk/privacy). Your personal data will be stored and used in accordance with this Policy. Should you require a hard copy of our privacy statement then please contact our Data Protection Officer on 0121 303 4955.

1. If the Council decides it is necessary to provide travel assistance, you will be used asked to supply Travel Assist with additional information which will be used to complete a risk assessment of the child’s needs when travelling. This is to ensure each child can travel by the safest and most suitable form of transport. [↑](#footnote-ref-1)