

## APPLICATION FORM FOR SEN TRAVEL ASSISTANCE

<b>CHILD / YOUNG PERSON'S CONTACT DETAILS</b>							
First Name							
Middle Name(s)							
Surname							
Date of Birth: (DD/MM/YYYY)							
Gender <i>(please tick relevant boxes)</i>	Male		Female				
Home Address	<i>This must be the address where your son / daughter permanently resides</i>						
Address line 1							
Address line 2							
Address line 3							
Postcode							
<b>PARENT'S / CARER'S CONTACT DETAILS</b> <i>(please tick relevant boxes)</i>							
Title	Mr		Mrs		Miss		Ms
Parent's / Carer's Forename							
Parent's / Carer's Surname							
Relationship to Child							
Address line 1							
Address line 2							
Address line 3							
Postcode							
Telephone	Landline		Mobile				
Email address:							

<b>EMERGENCY CONTACT DETAILS</b> <i>(if different from above)</i>	
Contact 1 Name	
Contact 1 Relationship	

Contact 1 Mobile No.	
Contact 2 Name	
Contact 2 Relationship	
Contact 2 Mobile No.	

<b>JOURNEY DETAILS</b>				
Name of school / college for which travel assistance is required:				
Does your son / daughter attend college now?	Full time:		Part time:	
Does your son / daughter have an EHCP (Education, Health and Care Plan) or SEN statement issued by Harrow?		Yes		No
When is Travel Assistance required from?	<i>Please provide date</i>			
How does your child get to school/college now? (Please provide details)				

<b>JOURNEY DETAILS</b>				
Is your child able to walk or use public transport if accompanied	Yes		No	
Are you willing to accompany your child if an adult Oyster or Travel card is provided	Yes		No	
Do you have access to a car?	Yes		No	
Are you willing to transport your child to and from school if a mileage allowance of 45p per mile is paid	Yes		No	
Are you willing to accompany your child to and from school if a vehicle	Yes		No	
If the answer to any of the above questions is no, please explain why this would not be possible.				

Do you receive DLA (Disability Living allowance)?		Yes		No						
If "Yes", do you receive the Mobility component?		Yes		No						
If "Yes" to the Mobility component, which rate do you receive? <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Higher</td> <td></td> <td>Middle</td> <td></td> <td>Lower</td> </tr> </table>	Higher		Middle		Lower					
Higher		Middle		Lower						
Do you have a Mobility Car?		Yes		No						
Do you have any other children		Yes		No						

*If yes, please provide the children's names, dates of birth and current school or nursery*

If you feel that there are exceptional circumstances in your case which need to be taken into account, please provide details in the space below.

*Please note that if you have provided any medical reasons, evidence will be required to support your statement, for example a doctors letter.*

**EQUIPMENT, HEALTH & SAFETY INFORMATION REQUIRED**

*Please note that evidence, for example doctor's letter, may be required to support any medical statement made to any or all of the following questions.*

Is your son / daughter reliant on a wheelchair or buggy?	Yes		No	
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Does your son / daughter have any medical and/or physical conditions that prevent them from walking unaided?	Yes		No	
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If Yes, please give details:

Does your son / daughter have other medical conditions that require regular medication and/or intervention by a medical professional e.g. suctioning for a tracheostomy?	Yes		No	
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*Please note that transport staff will not administer medication to passengers, in an emergency an ambulance will be called and you will be contacted.*

If Yes, please give details and send in any relevant reports:

Has your son / daughter ever suffered seizures?	Yes		No	
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If yes, how often, for what duration, what type of seizure and what are the signs?

**PARENT'S OR CARER'S DECLARATION**

***Please read this declaration carefully before you sign and date it***

- I certify that I am the person with parental responsibility for the child named and that the information is true and accurate to the best of my knowledge and belief.
- I understand that any false or deliberately misleading information given on this form, or in support of this application, or any relevant information withheld, may render this application invalid and could lead to the withdrawal of travel assistance.
- I confirm that the information I have given on this form is correct and complete, and I agree that the Special Education Needs Assessment and Review Service can check other council records to confirm the information provided.
- I know I must let the Special Education Needs Assessment and Review Service know immediately about any changes in circumstances which may affect the travel assistance required by my child, or the eligibility of my child for travel assistance.
- I understand that if as a result of the travel assistance assessment I am offered transport on a vehicle for my child, it will be my responsibility to ensure that I, or my designated responsible adult, are available to take my child to the vehicle when they are collected at my home or at the designated drop off point.
- I understand that if as a result of the travel assistance assessment I am offered transport on a vehicle for my child, it will be my responsibility to ensure that either I or my designated responsible adult are available to receive my child when they are dropped off from school at home or the designated drop off point.
- I accept that if no-one is at my home or the designated drop off point to receive my child, they may be taken to a safe place arranged with Social Care, and that I will need to collect them from there. I understand that I may then be liable for any additional costs incurred. If I am unavoidably delayed, I will contact the HB Transport Hub (phone numbers 020 8424 1751 or 020 8424 1443) to let them know my estimated time of arrival.
- I accept that the Special Educational Needs Assessment and Review Service is committed to helping young people gain independence and will consider my child for Independent Travel Training if appropriate.
- I have read and accept the Travel Assistance Policy for Child and Young People (0-25 Years) Living in Harrow.

Signed:

Name:  
*(please print in CAPITALS)*

Date:

## CONTACT US

*Please ensure the information you provide is true and accurate.*

If you need help to complete the application form or would like one posted to you please contact:

- Special Education Needs Assessment and Review Service 275 Alexandra Avenue  
Harrow  
HA2 9DX
- Telephone: 020 8051 8387
- Email: [sentravelassistance@harrow.gov.uk](mailto:sentravelassistance@harrow.gov.uk)

Once you have printed out, completed and signed the application form, you should either:

- Post to:  
  
Special Education Needs Assessment and Review Service 275  
Alexandra Avenue  
Harrow  
HA2 9DX
- Email a scanned copy to [sentravelassistance@harrow.gov.uk](mailto:sentravelassistance@harrow.gov.uk)

### General Data Protection Regulation

In accordance with the General Data Protection Regulation (2018), the London Borough of Harrow will use the data gathered in the above application for travel assistance solely for the purpose of assessing the named child or young person's eligibility for travel assistance. The information will be shared partner agencies as part of the panel who will consider the application.

In some cases, the London Borough of Harrow may use the information for other purposes if it has a legal duty to do so, to provide a complete service to you to prevent and detect fraud or if there is a risk of serious harm or a threat to life.

The London Borough of Harrow may also use and disclose information, that does not identify individuals, for research and strategic development purposes.