

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING FORM

This form must be completed on an annual basis. Deadline for 2024-25 Applications is Friday 16th February 2024 or travel assistance may not be guaranteed.

Dundee City Council with its Community Planning partners shares a vision that all children and young people will be safe, enjoy good health and have access to a wide range of experiences and opportunities to achieve their potential.

Parents/Carers have a responsibility to ensure that their child/young person attends school, including providing their required travel arrangements.

Dundee City Council may provide travel assistance for eligible school aged children and young people who have additional support needs that prevent them from travelling accompanied as necessary. We take into consideration any mobility needs and associated health issues related to additional support needs or disabilities; but we also look at the whole family unit to see what resources they have at their disposal to assist in any way.

Where at all possible, we support and promote Parental Contracts for those families who have the means to help. Only those families who have no other option will be offered places on contracted school routes if and when spaces allow.

Travel Assistance may be provided in a number of forms as determined by Dundee City Council in accordance with their Home to School Travel Assistance Policy:

- Parental Contract (mileage allowance)
- Escorted Walking
- Escorted / Non-escorted Public Bus Service
- Escorted / Non-escorted Private Minibus (*wheelchair accessible if necessary*)
- Escorted / Non-escorted Taxi (*wheelchair accessible if necessary*)

All information provided on this Application Form will be used to assist us in agreeing the most appropriate form of travel assistance offered to applicants in order to help them lead healthy independent lives.

Please complete all sections of the form with as much detail as possible. Failure to do so may result in unnecessary delays if the Form has to be returned, or Travel Assistance is refused.

Please return the completed Travel Assistance Form to:

Angela Fairweather
ASN Travel Coordinator
Children and Families Service
Dundee City Council
East City Square (Floor 2)
Dundee DD1 3BA

Tel: 07585 998909
email: Angela.Fairweather@dundee.gov.uk

Section 2: Educational Establishment

Please give the full name of the School your child/young person will be attending:

Estimated mileage distance to the attending school:
from your home address:

Telephone
Number:

Date of admission to school:

(Day/Month/Year)

Please tick which school year your child will move into:

P1

P2

P3

P4

P5

P6

P7

S1

S2

S3

S4

S5

S6

Please tick all that is applicable:

YES

NO

Is this your child/young person's first enrolment at a Dundee City Council school?

Is this the nearest school of its type to your home address?

If no, did you apply for a place at your catchment school?

Please give a reason why your child/young person is attending this school:

Parent / Carer placing request:

Catchment:

Religious / Denomination:

Placement by Children Families Services:

Other: *Please give details, providing evidence where appropriate*

The Journey (Current School)

Could your child/young person travel to school by any of the following means:

| | YES | NO | | YES | NO |
|------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Walk Unaccompanied | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Walk Accompanied | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Public Bus | <input type="checkbox"/> | <input type="checkbox"/> | Can use bus if accompanied | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent Drives | <input type="checkbox"/> | <input type="checkbox"/> | Parent has access to a car | <input type="checkbox"/> | <input type="checkbox"/> |
| Family / Friend Drives | <input type="checkbox"/> | <input type="checkbox"/> | Family / Friend has access to a car | <input type="checkbox"/> | <input type="checkbox"/> |

If none of the above, please give a full explanation:

Section 3: Child/Young Person with Additional Support Needs and/or Medical Conditions

Please give reason why you are requesting assistance with travel:

Do any other siblings/children residing at the principal home address attend school? Yes No How Many?

What is the age of this child? Name:

Which school do they currently attend?

What is the age of this child? Name:

Which school do they currently attend?

What is the age of this child? Name:

Which school do they currently attend?

What is the age of this child? Name:

Which school do they currently attend?

Please explain why you or a responsible person are unable to accompany your child / young person to school.

Do you or your partner have work commitments that prevent you from taking your child to school? Yes No

Can another responsible adult take your child / young person to school? Yes No

Can you explain further why this is not possible? *Note: Parents/carers may find difficulty in taking children with ASN to school when they have other siblings to take to other schools. Although the difficulty is acknowledged, Travel Assistance cannot be provided unless the child with ASN is eligible due to specific needs or they have been placed within a particular learning environment. Parents are expected to explore ALL options prior to applying for Travel Assistance and discuss with schools whether siblings could be taken to school earlier or accompanied by a nominated family member or trusted friend.*

Section 3: Child/Young Person with Additional Support Needs and/or Medical Conditions / cont....

If you have work commitments, who is at home to support your child/young person with Travel Assistance? Who will be there to help them into a vehicle or when they return home at the end of the day?

Has your child/ young person of secondary school age received independent travel training? Yes No

If no, please explain why:

If your child/young person is of secondary age, would you consent to them receiving independent Travel Training?

Yes No If no, please explain why?

Please tell us about your child/young person's needs. Does your child/young person have any of the following?

| | | | |
|--|--|--------------------------|--|
| Complex Learning Needs | | Autism | |
| Communication Needs | | Deaf/Hearing Impairments | |
| Physical and neurological difficulties | | Medical | |
| Visual impairment | | Epilepsy | |

Please describe any other medical conditions:

Please describe how this affects them when travelling with as much detail as you can. **Note:** "Travelling" includes walking, accompanied as appropriate, use of public transport, travelling with parent/carer in a private vehicle etc.

Does your child/ young person have any medical conditions that affect their mobility? Yes No

If Yes, please provide a description:

If No, please explain what prevents the child/young person being taken to/from school by a parent/carer/family/friend:

Section 4: Family Circumstances

Family circumstances form an important part of the Council identifying the most suitable and appropriate means of authorised Travel Assistance that represents best value and supports a sustainable solution. Please answer the following questions as part of **all** applications for Travel Assistance.

- | | | |
|---|------------------------------|-----------------------------|
| Does your child / young person have a child's plan ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you or your partner have a car? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you or your partner have a car that could be used to take your child to/from home to school? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have a high rate Mobility Vehicle for your child? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Section 5: Professional Medical and Social Care Details

Please include contact details of key medical professional involved with your child/young person's care in support of this application. Authorised Travel Assistance may be provided in the form of a personal budget. The following section **must** be completed in instances where medical or social services supporting evidence is required.

If no medical evidence is given this may result in a delay of any decision made for Travel Assistance.

Name of medical professional:

Department:

Email:

Telephone:

Do you have an allocated social worker? *If yes, please provide full details below:*

Yes No

Social worker name:

Telephone:

School Head Teacher:

Telephone:

LOOKING AFTER YOUR PERSONAL DATA- DATA PROTECTION ACT 1998

Dundee City Council, Children and Families Service have a legal obligation to ensure that we meet our statutory duty to provide travel assistance for children and young people with additional support needs. The information you provide on this form will be processed by Children & Families Service and stored on an electronic database. The Scottish Council on Archives Records Retention (Ref.10.006.002) states we have a statutory requirement to retain this information for 5 years from the last date of action. We are legally obliged to safeguard public funds so we are required to verify and check your details internally for fraud prevention. We may share this information with other public bodies (and also receive information from these other bodies) for fraud checking purposes. We are also legally obliged to share certain data with other public bodies, such as HMRC and will do so where the law requires this. This data will also be shared with Council staff and nominated Drivers/Travel Assistants/Sustainable Transport Team in order to provide the service.

Should you wish to access, amend, restrict or object to the processing of your data please email: educationhometoschooltransport@dundeecity.gov.uk

Section 6: Declaration

I wish to make an application for travel assistance. I certify that the information given is true to the best of my knowledge and belief. I understand that any false or deliberately misleading information given on this form and/or supporting documents, or any relevant information withheld, may render this application invalid. If I receive financial assistance based upon false or deliberately misleading information and/or do not inform Dundee City Council of any changes in circumstance which may affect any entitlement to travel assistance, I may be liable for any costs incurred.

If you do not include all relevant information it will delay in any decisions made for travel assistance.

Signature of Parent/Carer:

Date:

Please PRINT name: