

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING FORM

Dundee City Council, with its Community Planning partner, 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 and carers have a responsibility to ensure that their child/young person attends school including providing their required travel arrangements.

Dundee City Council may however, provide travel assistance for eligible school aged children/young person who meet the distance criteria, and who have additional support needs that prevent them from travelling accompanied as necessary, considering their mobility needs, and any associated health issues related to their ASN or disability.

Travel assistance if authorised may be provided in a number of forms as determined by Dundee City Council in accordance with the Travel Assistance Policy;

- Escorted Walking
- Escorted / non-escorted transport by Public bus service
- Parental Contract (mileage allowance)
- Escorted / non-escorted Minibus (wheelchair accessible where necessary)
- Escorted / non-escorted Taxi (wheelchair accessible where necessary)

In the application form, all information given, will be used to assist us in deciding the most appropriate form of travel assistance that we may offer your child/young person in order for them to be able to lead healthy independent lives.

In order for an appropriate assessment of your child's needs to be carried out please complete all sections of the form. Failure to do this may lead to application form being returned or travel assistance being refused.

Please ensure the completed document is returned to the address below by **Friday 12th February 2021**. The completed form should be returned to

Angela Fairweather
ASN Travel Co-ordinator
Corporate Fleet Section
34 Harefield Road
Dundee
DD2 3JW

or emailed to: angela.fairweather@dundee.gov.uk

Section 1 Personal details

Child/ young person details

Surname

Forename

Known As

Male

Female

Date of Birth (please use the format Day/Month/Year)

Home address (Full address including postcode)

Postcode

Date moved to this address (please use the format Day/Month/year)

Primary Parent/ Carer details

Title (please tick)

Mr

Mrs

Miss

Ms

Other

Surname

Forename

Known As

Parent or Carers principal home address (Full address including postcode)

If home address is the same as the child/young person principal home address write: "As Above"

Postcode

Email (one character per box)

Daytime Telephone Number

Alternative Telephone Number

Relationship to child/ young person (please tick)

Mother

Father

Other (please specify)

Emergency contact (Your emergency contact must be someone other than yourself, who lives in Dundee City boundaries)

Emergency contact name (Other than primary contact details)

Daytime Telephone number

Address (Full address including postcode)

Relationship to child/young person

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

Telephone Number

Date of your child/ young person admission to the school (please use the format Day/Month/ Year)

Please state the school year your child/ young person will be in should your travel assistance application be authorised (Please tick)

P1	P2	P3	P4	P5	P6	P7	S1	S2	S3	S4	S5	S6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick all that is applicable.

Is this your child/ young person's first enrolment at Dundee City Council school? Yes No

Is this the nearest school of its type to your home address? Yes No

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

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

- Parent/Carer placing request
- Catchment
- Religious / Denomination
- Placement by Children and Families Service
- 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: (please fill each box Y or N)

Walk unaccompanied Walk accompanied Bus Parent drives Family friend/carer drives

If no, please give a reason

Section 3 Children/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 who are residing at the principal home address attend school

Yes

No

If Yes, how many

What is the age of this child?

Name of child

Which school do they currently attend?

What is the age of this child?

Name of child

Which school do they currently attend?

What is the age of this child?

Name of child

Which school do they currently attend?

Please explain why you or a responsible person prevents you accompanying 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 adult take your child / young person to school

Yes

No

Section 3 Children/young person with Additional Support Needs and/ or medical conditions continued

If no, please explain why (note: Parent/carers may find difficulty in taking children with ASN to school when they have other siblings to take to other schools. The difficulty is acknowledged but travel assistance cannot be provided unless the child with ASN is already eligible for travel assistance based upon mileage and need criteria. Parents should discuss with the school whether siblings could be taken to school earlier or be accompanied by a nominated friend/family member. Parents are expected to explore all options before applying for travel assistance.)

If you have work commitments, who is at home to support your child with travel assistance

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	
Communication Needs	
Physical and neurological difficulties	
Visual impairment	

Autism	
Deaf/Hearing Impairments	
Medical	
Epilepsy	

Other:	
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Section 3 Children/young person with Additional Support Needs and/ or medical conditions continued

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

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 being taken to/from school by a parent/carer

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.

	YES	NO
Does your child/young person have a child's plan?		
Do you or your partner have a car?		
Do you or your partner have a car that could be used to take your child to/from school?		
Do you have a Motability vehicle for your child?		

Section 5 Professional medical & 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 service supporting evidence is required

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

Name of medical professional	<input type="text"/>
Department	<input type="text"/>
Email	<input type="text"/>
Contact telephone number	<input type="text"/>

Do you have an allocated social worker?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide their full name and contact details

Social worker name	<input type="text"/>
Telephone number	<input type="text"/>
School head teacher	<input type="text"/>
Telephone number	<input type="text"/>

LOOKING AFTER YOUR PERSONAL DATA- DATA PROTECTION ACT 1998

The personal information you provide will be held by Dundee City Council

The personal information will be used by the council for the following purpose:

Assessing the most appropriate travel assistance your child/young person requires for them to be able to maintain and lead a healthy independent lives.

Information about you and your child/young person may be shared with the following parties in connection with the aforesaid purposes:

- Children and Families Service Team
- Sustainable Transport Team
- Driver/ Escort

Your information may be used in the prevention and detection of fraud or for the collection of outstanding debt. It may be shared with either Government agencies such as the Department for Work and Pensions, HMRC and third party organisations such as Sheriff Officers, Solicitors and Credit Reference Agencies.

Please contact Dundee City Council's Legal Manager and Data Protection Officer if you have any questions about our Data Protection Policy or the information we hold about you by writing to the Legal Manager and Data Protection Officer, Corporate Services, 21 City Square, Dundee, DD1 3BY or telephone number 434577.

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
<input type="text"/>	<input type="text"/>

Name of parent/carer (please print name)	<input type="text"/>
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