

NOTTINGHAMSHIRE COUNTY FULL-TIME COLLEGE STUDENTS - NEW APPLICATION FOR POST-16 SPECIAL TRANSPORT - 2016/17 ACADEMIC YEAR

Please read the Notes of Guidance before completing this form. If you have any queries relating to the completion of the form, your eligibility or the progress of your application, please contact us at the address at the end of the form, ring 0115 977 2448 or email david.litchfield@nottsccl.gov.uk.

1. STUDENT DETAILS		
Full Name (Block Letters):		
Date of birth:	Contact phone number:	Contact email:
Country where born:	Nationality:	If born abroad, date arrived in British Isles:
Address:		
Date you moved to this address (month/year)		

2. COLLEGE AND COURSE/PROGRAMME DETAILS	
a) Name of the college you are going to:	
b) Name and address of the college campus/centre you are going to:	
d) Course/programme:	

3. PARENT/CARER DETAILS	
<p align="center">These details will be used to contact in case of an emergency. Please let us know if these details change.</p>	
Full Name (Block Letters):	
Contact phone number:	Contact email:

4. PREVIOUS EDUCATION

Please give details of the schools and colleges you have attended since you were 11 years old.

Name of school/college	Course title/ programme of study	Full-time or part-time?	Date you started mm/yy	Date you left mm/yy

5. INFORMATION ABOUT YOU

a) What is the nature of your disability?			
b) Are you in receipt of Disability Living Allowance/Personal Independence Payment Mobility Component?		<p>YES/NO*</p> <p><u>IF YES</u></p> <p>PLEASE <u>SEND A COPY</u> OF THE APPROVAL LETTER FROM THE DEPARTMENT FOR WORK AND PENSIONS WITH THIS FORM</p>	
c) Have you had a statutory assessment of special educational needs, e.g. Statement, Learning Difficulty Assessment, Education Health & Care Plan?		YES/NO*	
If yes, please give details			
d) Have you previously had help with your transport whilst at school/college?		YES/NO*	
If yes, please give details			
e) Have you ever done any form of independent travel training?		YES/NO*	
If yes, please give details			
If no, would you be interested in being trained to travel independently? If you are, we will contact you later in the year with details of the Council's scheme (further information at www.nottsccl.gov.uk/ITT).		YES/NO*	
f) Please indicate which of these criteria apply to you (tick all the boxes that apply)	I am unable to walk		
	I am unable to walk with someone to the nearest bus stop		
	I am unable to travel safely to college on my own		
	I am unable to use public transport unaccompanied		
	I am unable to use public transport where a change of bus is required		
	I am unable to handle money to pay for bus fares		
	I need to travel with a supervising adult		
	I need to travel in a wheelchair		
	Other: please give details		

* Delete as appropriate

6. TYPE OF TRANSPORT ASSISTANCE

The following information will be used to arrange appropriate transport if your claim is approved. The County Council will assess the most appropriate form of travel assistance, taking account of the needs of the student, parental/carers' responsibility and cost.

YOU SHOULD BE AWARE THIS MAY NOT BE YOUR PREFERRED OPTION.

a) Will you require an escort during your journey?

YES/NO*

If yes, please state why

b) Will you be using a wheelchair during your journey?

YES/NO*

If yes, please state whether electric or manual and the make and model

c) Do you have any medical condition(s), e.g. epilepsy, seizures, diabetes?

YES/NO*

If yes, please give details

d) Do you need to carry any medication, e.g. Buccal Midazolam, EpiPen?

YES/NO*

If yes, please give details

e) Do you have a visual or hearing impairment?

YES/NO*

If yes, please give details

f) Is there any other information you feel the driver/escort should know?

YES/NO*

If yes, please give details

* Delete as appropriate

Declaration by student:

If special transport is approved, I will:

- Be punctual when using transport
- Behave satisfactorily when using transport
- Inform the County Council of any changes in my circumstances
- Inform the County Council if I leave college before my course finishes
- Attend all required classes, tutorials and study periods
- Make progress in my studies to the satisfaction of the college

Signed _____

Date _____

Declaration by parent/carers:

I declare that the information given in this form is correct.

Signed _____

Date _____

PLEASE NOW FORWARD THE COMPLETED FORM TO YOUR COLLEGE SPECIAL NEEDS CO-ORDINATOR TO COMPLETE PART 7

7. TO BE COMPLETED BY THE COLLEGE SEN CO-ORDINATOR

PLEASE NOTE WE WILL BE UNABLE TO ARRANGE TRANSPORT WITHOUT THESE DETAILS

Course the student will be doing:					Level of study:	
When will the course start?	Month Year	When will the course finish?	Month Year	Total length of course:	Years	
Will this student be undertaking at least 15 guided learning hours per week/ 540 guided learning hours over a minimum of 30 weeks during the 2016/17 academic year?					YES/NO*	
In your opinion, is this student able to walk, or travel independently by public transport, to and from college?					YES/NO*	

Please enter the start and finish dates for each term

Please enter the preferred arrival and departure times on the appropriate days

Term	Start date	Finish date
Autumn		
Half-term		
Spring		
Half-term		
Summer		
Half-term		

Day	Arrival	Departure
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please provide any additional information you consider to be relevant to this application.

Signature of college co-ordinator: _____

Print name: _____ Date: _____

Contact phone number: _____ Contact email: _____

Transport times

Transport will normally be arranged to arrive at college between 8.30am and 9.30am and to depart between 3.00pm and 5.00pm, depending on the times of courses for the majority of students travelling. The arrangement and cost of transport at any other times will be the responsibility of the student or carer.

Please return this completed form to: **TBH - Transport and Travel Services, Nottinghamshire County Council, County Hall, West Bridgford, Nottingham, NG2 7QP**