

London Borough of Tower Hamlets

Application for Home to School Travel Assistance (SEN)

URN

DATE RECEIVED

Please read the Children's Travel Policy before completing this form.
If you have any difficulties, please contact us.
We will require a copy of your current Council Tax bill as proof of address.

- Please use black ink and BLOCK CAPITALS when completing the form
- Once you have filled in all sections of the form you must sign the declaration in SECTION B.

SECTION A

If you are completing this form on behalf of a parent/carer, please enter your details.

Relationship to child	
Name	
Address	
Contact details	

Parents/carer details

Relationship to child	
Name	
Address	
Contact details	

Child's details

Name	
DoB	
Address	

Does your child have a statement of Special Educational Needs	YES	NO
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If YES, please state what category of need they have and give a brief summary of their needs	
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Is your child a wheelchair user	YES	NO
Is the wheelchair manual or electric		

Does your child have any medical conditions	YES	NO
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If yes, please complete the boxes below

Epilepsy	YES	NO
Requires suctioning	YES	NO
Requires oxygen	YES	NO
Asthma	YES	NO
Allergies	YES	NO

If your child has a medical condition that is not shown above please add it here

Please list the medicines that your child takes here

Which school does your child currently attend	
Which school are you applying for travel assistance to	

How does your child currently get to school, please give a brief summary	
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School start and finish times for the school that you are applying for	A.M.		P.M.	
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How far is it from your home address to the school that you are applying for	
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Does your child have a Freedom Pass	YES	NO
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Is your child eligible for a free Travel card	YES	NO
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Does your child receive the Disability Living Allowance Mobility Component	YES	NO
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If YES, What rate is it	HIGH	LOW
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Does your family have a car through Motability for your child	YES	NO
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Are there any other children in the family	YES	NO
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If YES, How many other children are there	
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Please give names, and dates of birth

Name	DoB

Do they attend school or any other learning provision	YES	NO
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If YES, which school or learning provision do they attend, please enter the start and finish times

Child's name	School / Learning Provision	Start time	Finish time

Please give any additional information here that you feel may support your application for travel assistance. If you do not complete this section, your application may be delayed.

SECTION B

DECLARATION AND SIGNATURE

Please read and sign the declaration below

- I have read and understood the conditions under which the Council provides travel assistance as set out in the Children’s Travel Assistance Policy.
- I declare that the information I have given is complete and accurate to the best of my knowledge. I authorise the Council to validate any information that I have given on this form.
- I agree to supply any further information the Council may ask for in respect of this application.
- I am aware that I am responsible for informing the Council immediately of any circumstances that might affect this application.
- I understand that if I provide false or misleading information, I may be prosecuted and the assistance withdrawn.

Your Signature:	
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Date:	
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BEFORE RETURNING THIS FORM, PLEASE MAKE SURE YOU HAVE COMPLETED ALL SECTIONS AS FAILURE WILL RESULT IN DELAYS OR YOUR APPLICATION NOT BEING PROCESSED.

**Please return to:
Sharon Whiteman, Senior Commissioning Manager
London Borough of Tower Hamlets
Education, Social Care & Wellbeing
Town Hall
Mulberry Place (4th floor)
5 Clove Crescent
London E14 2BG**