

Children & Young People's Directorate
Transport

Transport Information Form

Your School has agreed to work with Parents/Carers to ensure that this form is completed accurately so that the CYPD Transport Services has a full understanding of your Child's special educational needs.

This form must be completed and signed by the Parent/Carer and agreed and signed by a school representative. We cannot arrange transport assistance until we have this completed form returned to:
CYPD - Transport, Floor 5, Derwent House, 150 Arundel Gate,
Sheffield S1 2JY

If no further information is required, we aim to organise your transport assistance within 3-5 working days

Pupil's Name:

Date of Birth:

Male [] Female []

Current School:

Pupil's Home Address:

All Needs:

All Medical Needs:

Parent/Carer's Name:

Relationship to Child:

Business/Main Tel:

Home/Mobile:

Parent/Carer's Name:

Relationship to Child:

Business/Main Tel:

Home/Mobile:

EMERGENCIES ONLY

There may be instances where we are unable to contact you directly. Please provide an emergency contact name and number for use by the Local Authority in an emergency situation **only**.

Emergency Contact Name:

Business/Main Tel:

Home/Mobile:

Fax/Alt Tel:

Email Address:

SEN Transport is for home to school transport only. If Parents/Carers are not at home at the end of the day, your child will be taken to a place of safety and you will be informed.

A child/young person's entitlement to home to school transport assistance is based on their home address. The home address is the address from which Child Benefit is claimed. Children/young people will not be collected from or delivered to any other address and arrangements cannot be adjusted to take account of a Parents/Carers work or social commitments.

PARENTAL/CARER RESPONSIBILITIES CONTRACT

It is important that Parents and Carers support CYPD Transport Services by understanding their own responsibilities. This will ensure that the service will be able to operate in a safe and effective way for your child. When detailed information about your child's transport is sent to you, we shall return a copy of this section for your information.

Please ensure;

- all the information you give us is up to date and you must let us know of any changes;
- your child is ready for the vehicle when it arrives and is met by a responsible adult when they return home;
- you accompany your child to the vehicle at the agreed pick up point in the morning and collect your child from the vehicle on their return;
- you notify Children and Young People's Directorate Transport Services of any medical conditions or other problems affecting your child;
- any medication likely to be required by your child at school during the day is handed to the escort/driver at the start of the journey in a prescribed container with dosage instructions and name of child clearly identified;
- all medicines will be given to school staff on arrival and will be returned to parents/carer at the end of the day;
- you inform Children and Young People's Directorate Transport Services before your usual pick up time, if your child will not need transport and let us know when it's needed again. Tel: **0114 2736195**;
- emergency contact numbers **must** be provided on this form for use in an emergency, if they change, advise us on **0114 2736195**;
- all pupils must wear a seatbelt/wheelchair harness when travelling;
- if your child displays unacceptable behaviour that is a risk to themselves or others we have the right to remove transport provision. **Please note:** in making this decision we will take into account your child's disability.

The Data Protection Act 1998

By signing the declaration below you are giving us permission to share the information contained in this application form for the purposes of providing Transport.

Declaration by Parent/Carer

I can confirm that to the best of my knowledge the information given on this form is correct and true. I accept the Parental/Carer responsibilities as listed above and will notify CYPD Transport Services of any changes to the information provided about my child including address, emergency contact details and medical needs on 0114 2736195

Signature: _____

Print Name: _____

Relationship to Child: _____

Date: ___ / ___ / _____

Thank you for working with us to provide safe and effective transport for your child.

Name of Pupil -

SEN CAT:

Stud ID:

PLEASE COMPLETE EACH SECTION IN FULL

MOBILITY REQUIREMENTS

Mobility requirements

YES

NO

Any Mobility Aids to be taken on transport: YES

NO

If you have answered YES please give further information below:

Assistance: Will your child need assistance into the vehicle?

YES

NO

If you have answered YES please give further information below:

Ability to Walk - Please tick all that apply	YES	NO
Restricted to travelling in powered wheelchair		
Restricted to travelling in manual wheelchair		
Uses a mobility aid to walk		
Able to walk with assistance		
Able to walk unaided but with some difficulty		
Able to walk unaided		
Able to climb steps		
Harness required (e.g. breastplate harness)		

Seat Belts - All pupils must wear a seatbelt/ wheelchair harness when travelling to and from School

Wheelchair/Harness details - Make and Model

Baby/Child seat required:

YES

NO

Pupil's weight: _____ (KG) Height: _____ (Metres)

Name of Pupil -

SEN CAT:

Stud ID:

Any other seating requirements

Wheelchairs or Mobility Aids cannot be carried on transport if we do not have the above information.

Remember to update us if there are any changes in your child's mobility.

Name of Pupil -

SEN CAT:

Stud ID:

HEALTH

Are there any health needs for us to think about: YES NO

Health Needs - Please tick all that apply	YES	NO
Significant visual impairment		
Deteriorating physical conditions i.e. degenerative condition		
Hearing Difficulties e.g. profound deafness: partial deafness		
Diagnosed communication disorder		
Epilepsy (effectively controlled by medicine)		
Epilepsy (not yet properly controlled by medicine)		
Diabetes (not yet properly controlled by medicine)		
Taking other medicines (e.g.. Asthmatic)		
Continence difficulties		
Allergies, nut or other		
Breathing difficulties (asthmatic)		
Breathing (requires suction)		

If you have ticked any of the above please give further details below:

Might your child's health needs impact or be an issue when travelling? If so please explain below including what action should be taken e.g. are there any warning signs?

Will your child be travelling with any medicine required for the day? YES NO

If YES please state the name(s) of the medicine below e.g. epipen, inhaler, oxygen therapy, suction and equipment etc. and attach any careplans.

Any medication likely to be required by your child at school during the day must be handed to the escort/driver at the start of the journey in a prescribed container with the name of the child and dosage instructions clearly identified.

All medicines will be given to school staff on arrival, and will be returned to Parents/Carers at the end of the day.

Name of Pupil -

SEN CAT:

Stud ID:

BEHAVIOURS

Is your child at risk from others? Yes No

Is your child a risk to others? Yes No

DESCRIPTION OF CURRENT BEHAVIOUR/S
(Please tick)

Verbal	<input type="checkbox"/>	Slap	<input type="checkbox"/>	Arm Grab	<input type="checkbox"/>	Weapons	<input type="checkbox"/>
Punch	<input type="checkbox"/>	Hair Grab	<input type="checkbox"/>	Body Holds	<input type="checkbox"/>	/ Missiles	<input type="checkbox"/>
Kick	<input type="checkbox"/>	Neck Grab	<input type="checkbox"/>	Undresses	<input type="checkbox"/>	Sexualised	<input type="checkbox"/>
Spit	<input type="checkbox"/>	Clothing Grab	<input type="checkbox"/>	Other	<input type="checkbox"/>	Behaviour	<input type="checkbox"/>

If 'other', please describe

Describe frequency of behaviour(s):

Is there anything you can tell us about what prompts the behaviour(s)?:

Are there any warning signs?:

Please tell us if your child would respond badly to changes of drivers, escorts or vehicles.

Behaviour Support Plan attached/Communication Password attached

YES NO

Name of Pupil -

SEN CAT:

Stud ID:

Additional Information

PARENTAL REIMBURSEMENT SCHEME

A fuel reimbursement allowance is payable to Parents/Carers who wish to transport their child who has entitlement to transport assistance to and from school using their own transport. Further information on this scheme can be obtained from CYPD Transport services (0114 2736195).

إذا كنتم في حاجة إلى مساعدة على ملء هذه الإستمارة، رجاء الإتصال هاتفياً على الرقم: ٢٧٣ ٥٧١٨

যদি এই ফর্মটি পূরণের জন্য আপনার সাহায্যের প্রয়োজন হয় তবে দয়া করে 2735039 নম্বরে যোগাযোগ করুন।

你如對填寫表格需要幫助，請致電二七三五七一八求助。

Haddii aad u baahan tahay tageero si aad u buuxiso foomkan fadlan la xidhiidh ☎ 2735039

اس فارم کو پُر کرنے میں اگر آپ کو مدد کی ضرورت ہے تو براہ کرم اس نمبر 2735039 پر رابطہ قائم کریں

INDEPENDENT TRAVEL TRAINING

The Children and Young People's Directorate are committed to providing Independent Travel Training wherever possible for pupils, so that they can develop and learn life skills as part of their education. Your school or college will be able to tell you more about this.

I confirm that to the best of my knowledge the information provided on this form is correct and true. I agree to notify CYPD Transport Services (Tel. 0114 2735039) of any changes to any of the information provided

Member of School Staff

Parent / Carer

Signature: _____

Signature: _____

Print name: _____

Print name: _____

Relationship to child: _____

Relationship to child: _____

Date: _____

Date: _____