

COMMUNITIES GROUP

TRANSPORT ASSISTANCE FOR STUDENTS ON MEDICAL GROUNDS

Please note that as a result of a recent consultation, medical transport is not available for new post 16 applicants from September 2018 onwards. However, if your child attends a sixth form/college and received transport on medical grounds during the last academic year then you may reapply using this form.

To qualify for transport assistance on medical grounds, applicants must;

- Live at a home address in the administrative area of Warwickshire County Council
- Be of compulsory school age (age 4-16)
- Be attending their nearest appropriate school or college - this is the establishment in whose priority area you live (or another if nearer to home by the shortest walking route) or be the nearest sixth form/college offering the course(s) chosen (existing applicants only)
- Have short or long term medical needs which make getting to school/college difficult

Eligibility will be assessed using the information provided on the application form. Parents / carers will be responsible for providing supporting evidence and it may be necessary to seek guidance from relevant professional agencies. Evidence may be a letter from a pediatrician or a consultant psychologist, for example. **A GP's letter may not be sufficient.**

Applications that are not fully completed or with insufficient medical evidence will be rejected. Please do not use this form if your child has an EHCP.

Direct travel payments can be provided to parents who make their own travel arrangements for their child, if would like to receive these payments please indicate this at the relevant point on the application form.

If a specialist vehicle is required it will take up to 15 working days to put transport arrangements in place.

Successful applicants are responsible for notifying Education Transport if there are any changes in circumstances. If it is found that students have continued to use the transport provided, although a change in circumstances has made Medical Transport unnecessary/inappropriate, parents will be invoiced for the full cost of that provision.

Please note that for new applicants, free transport on medical grounds will not be available beyond the academic year in which a student turns 16.

Queries about the application or policy;

Education Transport
Communities Group
Saltisford Office Park, Ansell Way
Warwick, CV34 4UL

01926 412929 (Option 1, Option 1)

educationtransport@warwickshire.gov.uk

www.warwickshire.gov.uk/schooltravel

Queries about transport arrangements;

Transport Operations
Communities Group
PO Box 43, Shire Hall
Warwick, CV34 4SX

01926 412929 (Option 3)

[st@warwickshire.gov.uk /](mailto:st@warwickshire.gov.uk)

busservices@warwickshire.gov.uk

Data Protection:

Data Protection Act 1998: The information you release to us will only be used for school transport purposes



APPLICATION FOR TRANSPORT ASSISTANCE FOR PUPILS ON MEDICAL GROUNDS

Return to: Education Transport, Saltisford Office Park, Ansell Way, Warwick, CV34 4UL

Pupil Information

Child's Name _____

Male Female

Date of Birth _____

Home Address _____

Postcode: _____

Phone: _____

Mobile Number: _____

EMERGENCY TELEPHONE NUMBER: (If different from above): _____

Email Address _____

Establishment Details

Name of School/College _____

Address of School/College _____

Days Attending	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
Finish Time					

Please give full titles and qualification levels of all courses to be studied below if the student is attending sixth form or college (existing applicants only);

Medical Information

Details of medical condition _____

Conditions Of Travel

Applications for assistance with transport will not be considered unless the parent, and in the case of secondary schools, the student, have read and signed the Conditions of Travel below. These conditions are applicable to all students irrespective of the type of transport accessed.

It is the responsibility of the parent / carer to ensure that their child boards the vehicle in the morning and is collected from the drop off point in the afternoon. Parents/carers should wait as close to the drop off point as possible when collecting their child. Parents/carers should also ensure that their child is aware of the need to wear a safety belt (where fitted) and that they must not move around the vehicle during the journey.

At the bus stop students are asked to respect other people's property and not to misbehave.

In particular we ask that students do not:

- Stand too near the kerb while waiting for the bus
- Get on or off the bus before it has stopped completely
- Cross the road behind or in front of the bus
- Push or shove
- Play at the bus stop
- Go near the bus until it has stopped moving

Once on the vehicle we ask that students:

- Do not lean out of the windows
- Do not distract the driver
- Do not throw things around the vehicle
- Never move around the vehicle when it is moving
- If travelling on a bus, they must have their bus pass available at all times
- Do as asked by the driver
- Do not smoke or use electronic cigarettes, eat or drink whilst on board
- Stay seated for the whole journey– if students have to stand whilst travelling on a bus, they must hold on to a handrail
- Wear their seatbelts (where fitted)

These conditions of travel are designed to ensure that all students travel safely.

If students are seen to be misbehaving, they may be prevented from travelling on the vehicle.

During this time it will become the responsibility of the parent / carer to ensure that they get to and from school.

Student (secondary school students only)

I confirm that I have read the conditions of travel and agree to abide by them.

Signed _____(student) Date _____

Parent / Carer

I hereby apply for transport in accordance with the Local Authority's regulations and certify that to the best of my knowledge the information given on this form is correct. My child has read the conditions of travel and agrees to abide by them.

Name of Parent / Carer (*Mr / Mrs / Miss / Ms*) _____

Signed _____(parent / carer) Date _____

FOR OFFICE USE ONLY

Date Application Received: _____

Authorised/Rejected Signature: _____

Renewal Date: _____