



Application for Travel Assistance Pupils Below Compulsory School Age (Aged 0 – 4)

Notes for Guidance

Sections 1 to 3 must be completed by the parent/carer(s). **Section 4** must be completed by the nursery.

Please read the relevant part of the Council's "Travel assistance policy for 0-25 year olds in education" (available here) before completing this form. As that document makes clear, the Council's policy is not to provide travel assistance to pre-schoolers except where the preschooler has an Education Health and Care (EHC) plan and the circumstances can be said to be exceptional. Even where the Council does provide travel assistance to a pre-schooler it will make a charge for this, which is payable by the parent/carer(s). Please complete this form carefully, ensuring all information provided is accurate and that you include everything you want to say in support of your application.

All sections must be completed or the form will be returned and there will be a delay in processing your application.

Travel Assist, PO Box 16541, Birmingham, B2 2DD

Telephone: 0121 303 4955

Email: travelassist@birmingham.gov.uk

Website: www.birmingham.gov.uk/travelassist

Application for Travel Assistance Pupils Below Compulsory School Age (0-4)

Sections 1 to 3 must be completed by the parent/carer(s). Section 4 must be completed by the nursery.

All fields are mandatory and must be completed

SECTION 1: PUPIL INFORMATION

1. Personal details:						
Surname		Date of birth				
First Name		Gender				
Home Address i.e. the pupil's only or main residence		Post Code				
Name of both Parents or Carers	Mother:	Father:				
Telephone Number:						
Email Address:						
Are you residing at the same address?	Mother: Yes / No If no, please confirm address:	Father: Yes / No If no, pl	ease confirm add	Iress		
Name and number of emergency contact						
Is the pupil a LA			Yes	No		
If Yes, please confirm which Local Authority is responsible:						
Name of Social Worker, Contact Number and if applicable, Foster Agency Name:						
	have an Education Health and Care Pl		Yes	No		
If yes, please co	onfirm which Local Authority is respons	ible:	If yes, please confirm which Local Authority is responsible:			

If Birmingham City Council is not the Local Authority, please attach a copy of the plan.

Study, Training or Work Placement	t Details					
Are you attending college, university, a training programme	Mother:	Yes	No	Father:	Yes	No
or work placement:						
Please indicate the days that you attend college/university/training	Monday:			Monday:		
programme/work placement plus start and finish times of	Tuesday:			Tuesday:		
seminars/lectures/training/placement undertaken each day.	Wednesday:			Wednesday:		
, and the second	Thursday:			Thursday:		
	Friday:			Friday:		
Name & Address of College/University/Training Provider/Work Placement attended (including postcode):						
E law and Dataila						
Employment Details	Mother:	Yes	No	Father:	Yes	No
Are you employed? Please indicate the days that you	Monday:	168	No	Monday:	165	INO
work from Monday to Friday plus	Worlday.			Wioriday.		
start and finish times of shifts undertaken each weekday.	Tuesday:			Tuesday:		
	Wednesday:			Wednesday:		
	Thursday:			Thursday:		
	Friday:			Friday:		
Name & Address of Employer and Current Workplace (including postcode):						

2. Details of nur	ry/pre-school
Name of	Telephone
nursery/pre-	number
school	
Address	Postcode

Has your child started attending this nursery/pre-school?	Yes	No
Date Started/Date due to start		

Details of Application	or
--	----

Please tell us why assistance is being requested, providing as much information as possible.

What prevents you from taking your child to nursery or pre-school or making arrangements for someone else to do this? If you are unable to take your child to school as a result of your medical needs, you will need to provide evidence of this.

4. Type of Travel Assistance Sought		
Travel Pass	Yes	No
Personal Transport Budget	Yes	No
Guided Public Transport	Yes	No
A Transport Vehicle	Yes	No
Other	Yes	No
Please give your reasons for the type(s) of travel assistance requested:		
Guides are not automatically provided to accompany a child to school or nursery. If you are asking for your child to be transported on a transport vehicle, do you believe that a pupil guide required?	Yes	No
If yes, please tell us why you believe that a pupil guide is required?		
Would a guide require any special training?	Yes	No
If yes, please state what training would be required?	•	

5. Other Information			
Full name of all other	Date of birth	Which school do they go	School start and finish
children in your family		to (including postcode)	times
under 16 years of age			

	special educat	ional and/or medical needs	. Does you	ır child h	nave:
(please tick or circle) Social, Emotional and Me	ental Health ne	eds		Yes	No
Cognition and Learning of		000		Yes	No
Speech, Language and Communication difficulties (including ASD)					No
Physical difficulties					No
Visual impairment				Yes	No
Hearing impairment Please state any other sp	pecial education	nal or medical needs:		Yes	No
riease state arry other sp	Decial education	iai di illedicai ficeus.			
Tell us about your child's	hehaviour Do	pes your child: (please tick c	or circle)		
		lic transport due to their beh		Yes	No
	.99				
Challenge Authority?				Yes	No
Exhibit violent or aggressive behaviour?			Yes	No	
Exhibit violent of aggress	nve benaviour:			103	
Pose any risk to other pa	ssengers (child	lren/driver/pupil guide)?		Yes	No
If you have answered yes to any of these questions please describe these behaviours					rs tell
	us about anything that prompts your child to behave in this way and anything we need to be				
aware of to prevent these		,	, 0		
,		special educational needs	or an	Yes	No
Education Health and Ca	ire Plan (EHCP	')?			
Do you consent to the Tr	avel Assist Ser	vice reviewing a copy of you	ur child's	Yes	No
statement or EHCP, inclu				. 55	
		·			
		child's statement of specia		Yes	No
educational needs of En	CP because it	was the school that you pre	rerrea?		
Which nursery/pre-school	ol did your child	last attend?			
• •	÷				
Has your shild received t	raneport cociet	anco hoforo?	T	Yes	No
Has your child received t If yes, please tell us belo				169	INU
j, j 2.22		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			

Do you have a vehicle?	Yes	No
If Yes, please provide the make and model of your car, the names of the peopinsured to drive it and details of any adaptations which have been made to the		
If applicable, please provide the reason why the vehicle cannot be used to take and from nursery/pre-school:	e your c	hild to
How does your child travel the rest of the time, i.e. when they are not travelling nursery/pre-school?	g to	
Please use this space to tell us anything else that you would like taken into co	nsiderat	ion:
Your application should include any documents that you would like us to cons your child's EHCP or statement of special educational needs. Please list the dyou have included with your application:		

7. Income		
Are you receiving any income related benefits?	Yes	No
If yes , please list the benefits that you receive below and provide documentary your entitlement.	evidenc	ce of

PARENTAL/CARERS DECLARATION

Please read the following declaration. We will not process your application for travel assistance if you do not sign and date the declaration.

The information I have given on this form is complete and accurate. I will inform you immediately of any change in circumstances which might affect any entitlement to travel assistance. I understand that if I give you false information, or fail to give complete information the Council may take action against me and travel assistance may be varied or removed. I will write and tell you immediately if the child leaves or transfers to a different educational setting.

If financial assistance is provided to me or on my behalf, and if, for whatever reason, I receive an amount which is more than I am entitled to, I will pay back any amount in excess of my entitlement.

I do/do not (**delete as applicable**) consent to the Travel Assist Service reviewing a copy of my child's EHCP and any assessment reports.

Please note a **minimum of 15 working days** is required from receipt of this form to make an assessment of this application. If a Pupil Guide is required or it is necessary to request specialised information concerning a pupil, extra time may be necessary for arrangements to be made.

Pupils will be transported by the most efficient and cost effective transport option available in consideration of their individual needs and information obtained from their EHCP.

Parent/Carer 1 signature:	Date:
Parent/Carer 2 signature:	Date:

Privacy notice under the General Data Protection Regulation (GDPR) (EU) 2016/679

The information you have provided on this form will be used by Birmingham City Council in accordance with the General Data Protection Regulation and any successor legislation to the GDPR or the Data Protection Act 1998.

The information will be used in accordance with the Education Transport Policy and for the purpose of processing applications for pupils travel assistance as required to fulfil the Council's duties under legislation, statutory or contractual requirement or obligation.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with external organisations whose business it is to assist in the service delivery of transport solutions to eligible students and with the Department of Education for statistical purposes only. The personal data is not shared with anyone else and will never be disclosed for marketing purposes.

The information contained on this application form will be retained until your child no longer requires travel assistance provided by the Council and then for a further 90 days from the date that travel assistance ceases and shall be processed in adherence to your legal rights, which are set out in our privacy notice which can be found at: www.birmingham.gov.uk/privacy. Your personal data will be stored and used in accordance with this Policy. Should you require a hard copy of our privacy statement then please contact our Data Protection Officer on 0121 303 4955.

SECTION 2: RISK ASSESSMENT

IF THE COUNCIL DECIDES THAT IT IS NECESSARY TO PROVIDE TRAVEL ASSISTANCE, THE FOLLOWING INFORMATION WILL BE USED TO MAKE A RISK ASSESSMENT OF THE CHILD'S NEEDS WHEN TRAVELLING.

In order to ensure each child can travel by the safest and most suitable form of transport we require as much information as possible. To help with this process, Travel Assist produces a Generic Home to School Transport Risk Assessment a copy of which is available from our documents webpage at www.birmingham.gov.uk/travelassist or a hard copy can be obtained from Travel Assist.

For some children not all of their needs will be covered in this assessment and an individual risk assessment is required. In order to make this decision please can you provide the following information:

2.1 Risk Assessment		
Does your child have any emotional/behavioural/medical/life threatening medic	al	
conditions?		
Please circle the appropriate answer.		NI.
Life Threatening	Yes	No
If yes, please provide further information.		
<u>Behavioural</u>	Yes	No
If yes, please provide further information.		
Does your child currently wear a behaviour harness	Yes	No
Medical	Yes	No
If yes, please provide further information.		
Emotional	Yes	No
If yes, please provide further information.	168	INO
if yes, please provide futifier information.		
Does your child have any allergies? If yes, please provide details below	Yes	No
If you have answered yes to any of the above please provide a copy of your of	hild's	
individual Health Care Plan or where appropriate Joint Epilepsy Care Plan (c		hin
the last 2 years).	accou Wit	

SECTION 3: TRANSPORT DETAILS

TRAVEL ASSIST WILL CONSIDER THE RESPONSES GIVEN BELOW $\underline{\text{IF}}$ YOUR CHILD IS AWARDED SPECIALISED TRANSPORT

3.1 Seating Arrangements		
(please tick or circle the appropriate response)		
Does your child require a booster cushion?	Yes	No
Note: this must be provided for any child under twelve years old or 1.35		
metres (4'4")		
Does your child need lifting into a seat?	Yes	No
If yes , please state what type of assistance is required?		
Does your child have an exemption on medical grounds from wearing a seat	Yes	No
belt?		
(If yes, please attach documents confirming the exemption)		

3.2 Wheelchair Users Only: If your child is not a (please tick or circle the appropriate answer)	wheelchair us	er please move	to <u>Sect</u>	ion 4
Can your child walk at all?			Yes	No
Can your child transfer to a seat on a vehicle?	Yes	No		
If yes, does your child require assistance to do th	is?		Yes	No
Please state what assistance is required?				
Does your child need to travel in a wheelchair on	the vehicle?		Yes	No
What is the make and model of the wheelchair?				
Is the Wheelchair:	Folding	Non-folding	Electric)
What is the dimension (in centimetres) of the wheelchair when in use?	Length	Width	Height	

SECTION 4: For Nursery/Pre-School/SENAR Completion only

Name of nursery/pre-scl	hool				Tel No)			
contact									
Email address					Start ti	me			
Date Transport required to star					Finish	time			
Is the pupil a n	ew start	er?						Yes	No
If no , please ex	xplain w	hy trave	l assistance has	s not bee	en reque	ested in t	he pas	t	
Which days w	ill the n	unil atte	end school?						
Willon days W	Monda		Tuesday	Wedne	sday	Thursd	ay	Friday	<u> </u>
AM		,	,						
PM									
(Please circle	or tick)	1	ovided, is any						
Booster Cushio	on	Child S	Safety Seat	Postura	ostural Harness Harness for Challenging Behaviour*			haviour*	
			red (please contact				ils)		
If pupil is reside e.g. 52 week/te			ate what placem ner	nent is be	eing paid	d for			
SECTION 7: DE	CLARA	TION Nu	rsery/Pre-schoo	ol/SEN					
I certify that the are correct to t			d on this form, in nowledge.	ncluding	section	s comple	eted by	parent/o	carer(s)
Nursery/Pre-So signature:	hool Re	presenta	ative / SEN	Print na	ame:				
Position:				Date:					

Please email this form to: travelassist@birmingham.gov.uk or return it to the following address: Travel Assist, PO Box 16541, Birmingham, B2 2DD

Application for Travel Assistance Pupils of Compulsory School Age (Reception to Year 11)

Notes for Guidance

Sections 1 to 3 must be completed by the parent/carer(s). **Section 4** must be completed by the school.

Please read the relevant part of the Council's "Travel assistance policy for 0-25 year olds in education" (available here) before completing this form. Please note in particular that as that document makes clear, the Council's policy is to provide free travel assistance to the categories of eligible children in the Education Act 1996 but not otherwise unless there are exceptional circumstances. Please complete this form carefully, ensuring all information provided is accurate and that you include everything you want to say in support of your application. All sections must be completed or the form will be returned and there will be a delay in processing your application.

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Application for Travel Assistance Pupils of Compulsory School Age (Reception to Year 11)

Sections 1 to 3 must be completed by the parent/carer(s). Section 4 must be completed by the school.

All fields are mandatory and must be completed

SECTION 1: PUPIL INFORMATION

1. Personal deta	ails:			
Surname		Date of birth		
First Name		Gender		
Home Address i.e. the pupil's only or main residence		Post Code		
Name of both Parents or Carers	Mother:	Father:		
Telephone Number:				
Email Address:				
Are you residing at the same address?	Mother: Yes / No If no, please confirm address:	Father: Yes / No If no, pl	lease confirm ac	ldress
Name and number of emergency contact				
Is the pupil a LA	C Child?		Yes	No
If Yes, please co	onfirm which Local Authority is respons	sible:		
Name of Social	Worker, Contact Number and if applica	able, Foster Ager	ncy Name:	
•	have an Education Health and Care Pl		Yes	No
l If yes, please co	onfirm which Local Authority is respons	ible:		

If Birmingham City Council is not the Local Authority, please attach a copy of the plan.

Study, Training or Work Placemen	t Details					
Are you attending college,	Mother:	Yes	No	Father:	Yes	No
university, a training programme						
or work placement:						
Please indicate the days that you	Monday:			Monday:		
attend college/university/training						
programme/work placement plus	Tuesday:			Tuesday:		
start and finish times of	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
seminars/lectures/training/placem	Wednesday:			Wednesday:		
ent undertaken each day.	Thursday			Thursday"		
	Thursday:			Thursday:		
	Friday:			Friday:		
Name & Address of						
College/University/Training						
Provider/Work Placement						
attended (including postcode):						
Employment Dataila						
Employment Details	Mother:	Yes	No	Father:	Yes	No
Are you employed? Please indicate the days that you	Monday:	168	INO	Monday:	165	INO
work from Monday to Friday plus	ivioriday.			ivioriday.		
start and finish times of shifts	Tuesday:			Tuesday:		
undertaken each weekday.	l accary.			Tucoday.		
and of the control of	Wednesday:			Wednesday:		
	Thursday:			Thursday:		
	Friday:			Friday:		
Name & Address of Employer						
and Current Workplace (including						
postcode):						
2. Details of school						
Name of			Teleph	one		
school			numbe	r		
Address			Postco	de		

Yes

No

Has your child started attending this school?

Date Started/Date due to start				
3. Categories of Eligible Children				
Please tell us which of the three categories of eligi into?	ble children you be	lieve that	your ch	ild falls
(The three categories are set out at page xx of the	Council's policy ref	erred to a	above)	
Category 1: Distance – complete part 4 below.				
Category 2: Low income – complete part 5 below				
Category 3: Special educational needs or disabilit below	y – complete parts	6, 7, 8 an	d 9	
None of the above - (Exceptional circumstances)	– complete parts 7	, 8 and 9	below	
4. Category 1 (Distance) Applicants				
Distance from Home Address in section 1 above		m	iles/kilo	metres
Approximate journey time	AM	PM		
5. Category 2 (Low Income)				
Is your child entitled to free school meals?		Yes	No	
Are one or both parents in receipt of the maximum	level of working	Yes	No	
tax credit?				
Which of the following applies? (please tick)				
 a) My child is aged between 8 and 11 years and miles from home 	their school is more	than 2		
b) My child is aged between 11 and 16 years and and 6 miles from home	I their school is bet	ween 2		
c) My child is aged between 11 and 16 years, the	eir school is betwee	n 6 and		
15 miles from home and that school was chose				
religion or belief				
6. Category 3 (Special Educational Needs and Dis	ability)			
Tell us about your child's special educational and/o		nd/or disa	bility. D	oes
your child have: (please tick or circle)				
Social, Emotional and Mental Health needs			Yes	No
Cognition and Learning difficulties			Yes	No
Speech, Language and Communication difficulties	(including ASD)		Yes	No
Physical difficulties			Yes	No
Visual impairment			Yes	No
Hearing impairment			Yes	No
Please state any other special educational or medi	ical needs or disabi	lities:		

Tell us about your child's behaviour. Does your child: (please tick or circle)					
		ic transport due to their bel		Yes	No
Challenge Authority?				Yes	No
Exhibit violent or aggress	sive behaviour?			Yes	No
Pose any risk to other pa	Pose any risk to other passengers (children/driver/pupil guide)?				
If you have answered yes to any of these questions please describe these behaviours, tell us about anything that prompts your child to behave in this way and anything we need to be aware of to prevent these behaviours?				· · · · · · · · · · · · · · · · · · ·	
Does your child have a full statement of special educational needs or an Education Health and Care Plan (EHCP)?				Yes	No
Do you consent to the Travel Assist Service reviewing a copy of your child's statement or EHCP, including any assessment reports?				Yes	No
Is this school named in your child's statement of special educational needs or EHCP because it was the school that you preferred?				Yes	No
Which school did your ch	nild most recent	ly attend?			
circumstances are excep	otional)	u are applying under catego			ur
Please state why you are applying for travel assistance and why you say that the circumstances are exceptional:					
Full name of all other children in your family under 16 years of age	Date of birth	Which school do they go to (including postcode)	School statimes	art and t	finish

Has your child received transport assistance before? If yes, please tell us below what assistance was provided	Yes	No
Da yay haya a yabiala?	Vaa	No
Do you have a vehicle?	Yes	No
If Yes, please provide the make and model of your car, the names of the peop insured to drive it and details of any adaptations which have been made to the		
If applicable, please provide the reason why the vehicle cannot be used to take and from school:	e your c	hild to
How does your child travel the rest of the time, i.e. when they are not travelling	g to scho	ool?
Please use this space to tell us anything else that you would like taken into co		
Your application should include any documents that you would like us to cons your child's EHCP or statement of special educational needs. Please list the dyou have included with your application:		

8. Type of Travel Assistance Sought		
Travel Pass	Yes	No
Personal Transport Budget	Yes	No
Guided Public Transport	Yes	No
A Transport Vehicle	Yes	No
Other	Yes	No
Please give your reasons for the type(s) of travel assistance requested:		
Guides are not automatically provided to accompany a child to school or nursery If you are asking for your child to be transported on a transport vehicle, do you believe that a pupil guide required?	Yes	No
If yes, please tell us why you believe that a pupil guide is required?		
Would a guide require any special training?	Yes	No
If yes, please state what training would be required? All recipients of travel assistance are expected to undertake independent travel	l training	y. If
you do not think your child should be considered for independent travel training explain why below:		

9. Income		
Are you receiving any income related benefits?	Yes	No
If yes , please list the benefits that you receive below and provide documentary your entitlement.	evidenc	e of

PARENTAL/CARERS DECLARATION

Please read the following declaration. We will not process your application for travel assistance if you do not sign and date the declaration.

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child leaves or transfers to a different educational setting.

If financial assistance is provided to me or on my behalf, and if, for whatever reason, I receive an amount which is more than I am entitled to, I will pay back any amount in excess of my entitlement.

I do/do not (**delete as applicable**) consent to the Travel Assist Service reviewing a copy of my child's EHCP and any assessment reports.

Please note a **minimum of 15 working days** is required from receipt of this form to make an assessment of this application. If a Pupil Guide is required or it is necessary to request specialised information concerning a pupil, extra time may be necessary for arrangements to be made.

Pupils will be transported by the most efficient and cost effective transport option available in consideration of their individual needs and information obtained from their EHCP.

Parent/Carer 1 signature:	Date:
Parent/Carer 2 signature:	Date:

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The information contained on this application form will be retained until your child no longer requires travel assistance provided by the Council and then for a further 90 days from the date that travel assistance ceases and shall be processed in adherence to your legal rights, which are set out in our privacy notice which can be found at: www.birmingham.gov.uk/privacy. Your personal data will be stored and used in accordance with this Policy. Should you require a hard copy of our privacy statement then please contact our Data Protection Officer on 0121 303 4955.

SECTION 2: RISK ASSESSMENT

IF THE COUNCIL DECIDES THAT IT IS NECESSARY TO PROVIDE TRAVEL ASSISTANCE, THE FOLLOWING INFORMATION WILL BE USED TO MAKE A RISK ASSESSMENT OF THE CHILD'S NEEDS WHEN TRAVELLING.

IN ORDER TO ENSURE EACH CHILD CAN TRAVEL BY THE SAFEST AND MOST SUITABLE FORM OF TRANSPORT WE REQUIRE AS MUCH INFORMATION AS POSSIBLE. TO HELP WITH THIS PROCESS, TRAVEL ASSIST PRODUCES A GENERIC HOME TO SCHOOL TRANSPORT RISK ASSESSMENT A COPY OF WHICH IS AVAILABLE FROM OUR DOCUMENTS WEBPAGE AT

www.birmingham.gov.uk/travelassist or a hard copy can be obtained from Travel Assist.

FOR SOME CHILDREN NOT ALL OF THEIR NEEDS WILL BE COVERED IN THIS ASSESSMENT AND AN INDIVIDUAL RISK ASSESSMENT IS REQUIRED. IN ORDER TO MAKE THIS DECISION PLEASE CAN YOU PROVIDE THE FOLLOWING INFORMATION:

2.1 Risk Assessment		
Does your child have any emotional/behavioural/medical/life threatening medic conditions? Please circle the appropriate answer.	al	
Life Threatening	Yes	No
If yes, please provide further information.		
<u>Behavioural</u>	Yes	No
If yes, please provide further information.		
Does your child currently wear a behaviour harness	Yes	No
<u>Medical</u>	Yes	No
If yes, please provide further information.		
<u>Emotional</u>	Yes	No
If yes, please provide further information.		
Does your child have any allergies? If yes, please provide details below	Yes	No
If you have answered yes to any of the above please provide a copy of your of individual Health Care Plan or where appropriate Joint Epilepsy Care Plan (of the last 2 years)		thin

SECTION 3: TRANSPORT DETAILS

TRAVEL ASSIST WILL CONSIDER THE RESPONSES GIVEN BELOW $\underline{\text{IF}}$ YOUR CHILD IS AWARDED SPECIALISED TRANSPORT

3.1 Seating Arrangements		
(please tick or circle the appropriate response)		
Does your child require a booster cushion?	Yes	No
Note: this must be provided for any child under twelve years old or 1.35		
metres (4'4")		
Does your child need lifting into a seat?	Yes	No
If yes , please state what type of assistance is required?		
Does your child have an exemption on medical grounds from wearing a seat	Yes	No
belt?		
(If yes, please attach documents confirming the exemption)		

3.2 Wheelchair Users Only: If your child is not a (please tick or circle the appropriate answer)	a wheelchair us	er please move	e to <u>Sec</u>	tion 4
Can your child walk at all?			Yes	No
Can your child transfer to a seat on a vehicle?			Yes	No
If yes, does your child require assistance to do the	is?		Yes	No
Please state what assistance is required?				
Does your child need to travel in a wheelchair on	the vehicle?		Yes	No
What is the make and model of the wheelchair?				
Is the Wheelchair:	Folding	Non-folding	Electri	C
What is the dimension (in centimetres) of the wheelchair when in use?	Length	Width	Height	

SECTION 4: For School/SENAR Completion only

						1		
Name of school	ol			Tel No)			
contact								
Email address				Schoo	ol start			
				time				
Date Transpor	t is			School	l Finish			
required to sta				time	-			
Is the pupil a n		er?		1		1	Yes	No
Sura papira ii	J.G.						. 55	
If no please e	xnlain w	hy trave	l assistance has	s not been requ	ested in t	he nas	t	
ii iio , piease e	λριαπι W	ny nave	i assistance nat	. Hot been requi	Joica III I	ino pas		
NAME : 1	111 47	IIP 41						
Which days w					T		1	
	Monda	ıy	Tuesday	Wednesday	Thurso	lay	Friday	
AM								
PM								
If specialised	transpo	ort is pro	ovided, is any	of the following	a equipn	nent re	quired?	
_								
(Please circle	or tick)							
			Safety Seat			Harnes	ss for	
(Please circle Booster Cushio			Safety Seat	Postural Harn		Harnes		haviour*
			Safety Seat			Harnes	ss for nging Be	haviour*
Booster Cushio	on	Child S	·	Postural Harn	ess	Harnes Challe		haviour*
Booster Cushic	on permissio	Child S	red (please contac	Postural Harn	ess urther deta	Harnes Challe		haviour*
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Please email this form to: travelassist@birmingham.gov.uk or return it to the following address: Travel Assist, PO Box 16541, Birmingham, B2 2DD

Application for Travel Assistance Young Persons of Sixth Form Age (16-18)

Notes for Guidance

Sections 1 to 4 must be completed by you, the student, or your parent/carer(s). **Section 5** must be completed by the school/college.

Please read the relevant part of the Council's "Travel assistance policy for 0-25 year olds in education" (available here) before completing this form. Please note in particular, that as that document makes clear, the Council's policy is that unless the circumstances are exceptional, the Council will only consider providing travel assistance for young persons of sixth form age who have an Education Health and Care (EHC) Plan, a disability or learning difficulties. Even where the Council does provide travel assistance to a young person of sixth form age it will make a charge for this. Please complete this form carefully, ensuring all information provided is accurate and that you include everything you want to say in support of your application.

All sections must be completed or the form will be returned and there will be a delay in processing your application.

Application for Travel Assistance Young Persons of Sixth Form Age (16-18)

Sections 1 to 4 must be completed by you or your parent/carer(s). Section 5 must be completed by the school/college.

SECTION 1: YOUNG PERSON / EDUCATION INFORMATION

1. Personal details of the you	ng person ('you')			
Surname		Date of birth		
First Name		Gender		
Home Address i.e. your only or main residence		Post Code		
Name of person completing this form on your behalf		Relationship to you		
Name of both Parents or Carers	Mother:	Father:		
Telephone Number:				
Email Address:				
Do your parents live at the same address?	Mother: Yes / No If no, please confirm address:	Father: Yes / No If no, please confirm	n address	
Name and number of emergency contact		,		
Are you a 'Looked After Child	in Local Authority Care?		Yes	No
Name of Social Worker, Cont	act Number and if applica	able, Foster Agency Name:	'	
Name of Social Worker and C	Contact Number			
Do you child have an Educati	on Health and Care Plan	?	Yes	No
If yes, please confirm which L	ocal Authority is respons	ible:	I	1

Employment Details Are your parents employed: Mother: Yes No Father: Yes No Please indicate the days that they Monday: Monday: work from Monday to Friday plus start and finish times of shifts Tuesday: Tuesday: undertaken each weekday. Wednesday: Wednesday: Thursday: Thursday: Friday: Friday: Name & Address of Employer and Current Workplace (including postcode): Study, Training or Work Placement Details Do your parents attend college, Mother: Yes No Father: Yes No university, a training programme or work placement: Please indicate the days that they Monday: Monday: attend college/university/training programme/work placement plus Tuesday: Tuesday: start and finish times of seminars/lectures/training/placement Wednesday: Wednesday: undertaken each day. Thursday: Thursday: Friday: Friday: Name & Address of College/University/Training Provider/Work Placement attended (including postcode): 2. Which college/sixth form/other educational institution will you be attending? Name of College/Sixth Telephone number Form/other Address Postcode Do you already attend this college? Yes No

If Birmingham City Council is not the Local Authority, please attach a copy of your plan.

Date started/date due to start					
Title of course studied/due to b	e studied				
Pick up / drop off address (if different to home)			Postcode		
Whose address is this?					
3. Details of Application Please tell us why assistance is	s heing regue	sted provid	ding as much inform	mation as	
possible.	s being reque	isted, provid	uning as much mion	nation as	
p = 0.0					
What provents your parents fro	m taking you	to school o	or collogo, or makin	a arrangom	onts
What prevents your parents fro for someone else to do this?	in taking you	to scribbile	or college, or makin	ig arrangem	enis
4. Type of Travel Assistance so	ought				
Please tick what type of assista		ed:			
Train Pass			Transport Budget		
Bus Pass		Guided Pu	ublic Transport		
A Transport Vehicle		other			
(Complete all sections below					
Please give your reasons for th	ie type(s) of t	ravei assist	ance requested:		
Guides are not automatically pr				Yes	No
school or college. If you are as			n a transport		
vehicle, do you believe that a g	juide is requir	ed?			
If yes, or you have asked for gu	uided public t	ransport pl	ease tell us why yo	u helieve th	at a
guide is required?	ardod public ti	ianoport, pi	odoo ton do wriy yo	o bollovo til	ar a
M()					
Would a guide require any spe	cial training?			Yes	No
If yes, please state what training	 na would be re	equired?			
y z z, p. z z z z z z z z z z z z z z z z z z					

Are you eligible for a Post 16 Bursary?	Yes	No
Are you eligible for help from the Discretionary Learner Support Fund?	Yes	No
Do you have a Concessionary Pass to use on public transport?	Yes	No
Is the young person only applying for a Bus/Train pass?	Yes	No
If yes, you do <u>not</u> need to complete Section 3.		

5. Other Information					
Do you have any other cl	hildren?				
Full name of all other	Date of birth	Which school do they go	School sta	art and fi	nish
children in your family		to (including postcode)?	times		
under 16 years of age					
Tall was about your analis					
1	ai educationai a	nd/or medical needs. Do y	ou nave:		
(please tick or circle) Social, Emotional and Me	ontal Hoolth no	odo		Yes	No
		eus		Yes	No
Cognition and Learning of		difficulties (including ASD)		Yes	No
	Jonninumication	difficulties (including ASD)		Yes	No
Physical difficulties Visual impairment				Yes	No
Hearing impairment				Yes	No
Please state any other sp	accial advaction	nal or modical poods:		1 65	INO
Flease state any other sp	Jeciai educatioi	iai oi medicai needs.			
Tell us about your behav	iour. Do you:				
(please tick or circle)	,				
	ng or using pub	lic transport due to their bel	naviour?	Yes	No
	0.	·			
Challenge Authority?				Yes	No
Exhibit violent or aggress	sive behaviour?			Yes	No
Pose any risk to other pa	ssengers (child	lren/driver/pupil guide)?		Yes	No
	•	ese questions please descr			-
		ehave in this way and anytl	ning we nee	ed to be	aware
of to help to prevent thes	e behaviours?				
Do you have a full states	ant of special	aducational peods or as Ed	lucation	Voc	No
ן טט you nave a luli statem	nent of special (educational needs or an Ed	ucation	Yes	No

Health and Care Plan (EHCP)?		
Do you consent to the Travel Assist Service reviewing a copy of your statement or EHCP, including any assessment reports?	Yes	No
Is this college/sixth form/other educational institution named in your statement of special educational needs or EHCP because it was the school that you or your parents preferred?	Yes	No
Which school/college/sixth form/other educational institution did you last atten	id?	
Have you received transport assistance before? If yes, please tell us below what assistance was provided	Yes	No
Do your parents have a vehicle?	Yes	No
If yes, please provide the make and model of their car, the names of the peoplinsured to drive it and details of any adaptations which have been made to the How does you travel the rest of the time, i.e. when you are not travelling to coform? Please use this space to tell us anything else that you would like taken into compare the compare to the peoplinsured to drive it and details of any adaptations which have been made to the peoplinsured to drive it and details of any adaptations which have been made to the peoplinsured to drive it and details of any adaptations which have been made to the peoplinsured to drive it and details of any adaptations which have been made to the peoplinsured to drive it and details of any adaptations which have been made to the peoplinsured to drive it and details of any adaptations which have been made to the peoplinsured to drive it and details of any adaptations which have been made to the peoplinsured to drive it and details of any adaptations which have been made to the peoplinsured to drive it and details of any adaptations which have been made to the peoplinsured to drive it and details of any adaptations which have been made to the peoplinsured to drive it and details of any adaptations which have been made to the peoplinsured to drive it and details of any adaptations which have been made to the peoplinsured to drive it and details of any adaptations which have been made to the peoplinsured to drive it and details of any adaptations which have been made to the peoplinsured to drive it and details of any adaptations which have been made to the peoplinsured to drive it and details of any adaptations which have been made to the peoplinsured to drive it and details of a peoplinsured to d	e vehicle	th
Your application should include any documents that you would like us to cons		
your EHCP or statement of special educational needs. Please list the docume have included with your application:	ents that	you
All Recipients of travel assistance are expected to undertake independent travel you do not think you should be considered for independent travel training, ple why below:		

7. Income		
Are you or your parents receiving any income related benefits?	Yes	No
If yes , please list the benefits that you/they receive below and provide docume evidence of your/their entitlement.	ntary	

SECTION 2: RISK ASSESSMENT

IF THE COUNCIL DECIDES THAT IT IS NECESSARY TO PROVIDE TRAVEL ASSISTANCE, THE FOLLOWING INFORMATION WILL BE USED TO MAKE A RISK ASSESSMENT OF YOUR NEEDS WHEN TRAVELLING.

In order to ensure each young person can travel by the safest and most suitable form of transport we require as much information as possible. To help with this process, Travel Assist produces a Generic Home to School Transport Risk Assessment a copy of which is available from our documents webpage at www.birmingham.gov.uk/travelassist or a hard copy can be obtained from Travel Assist.

FOR SOME STUDENTS NOT ALL OF THEIR NEEDS WILL BE COVERED IN THIS ASSESSMENT AND AN INDIVIDUAL RISK ASSESSMENT IS REQUIRED. IN ORDER TO MAKE THIS DECISION PLEASE CAN YOU PROVIDE THE FOLLOWING INFORMATION:

2.1 Risk Assessment (please tick or circle)		
Do you have any emotional/behavioural/medical/life threatening medical condit need to be taken account of before transport would commence? If yes, please appropriate box(es)		t
Life Threatenting	Yes	No
If yes, please provide further information.		
<u>Behavioural</u>	Yes	No
If yes, please provide further information.		
Do you currently wear a behaviour harness	Yes	No
<u>Medical</u>	Yes	No
If yes, please provide further information.		
Emotional	Yes	No
If yes, please provide further information.		

	1	
Do you have any allergies. If yes, please provide details below:	Yes	No
If you have answered yes to any of the above please provide a copy of your i		
Health Care Plan or where appropriate Joint Epilepsy Care Plan (dated with	n the las	st 2
years).		

<u>SECTION 3: TRANSPORT DETAILS</u>
You do not need to complete section 3 if you are only requesting a bus / train pass.

3.1 If you are unable to transport the young person to school / college and would like to request for specialised transport to be considered, you will need to make a contribution towards these costs. Please select and tick one of the following:	
I agree to pay a contribution of £780 towards the cost of the specialised transport for this academic year.	
I agree to pay a contribution of £390 towards the cost of the specialised transport for this academic year because I, or my parents, are in receipt of: Income Support Income Support Income based Job Seekers' Allowance. Income related Employment and Support Allowance. Support under Part VI of the Immigration and Asylum Act 1999. The Guaranteed element of State Pension Credit. Child Tax Credit provided they are not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190. Maximum Working Tax Credit (no reduction for income) Working Tax Credit Run-on – paid for 4 weeks after you stop qualifying for Working Tax Credit. The young person receives income support or income based job seekers allowance in their own right. Universal Credit You must provide recent evidence of the benefits you receive. In the case of Tax Credit notifications, all pages must be provided	
3.2 How do you want to pay?	
I wish to pay the whole amount prior to the start of the Academic year, or prior to starting on transport if applying during the academic year. You can make a payment by debit or credit card. You will be advised how to do this accordingly if assistance is agreed.	
I wish to pay on a monthly basis by direct debit. Arrangements will be made for you to be charged upon receipt of the signed direct debit mandate over an 8 month period starting from October to May. Payment of either £97.50 per month, or £48.75 per month if your family is on a low income, will be taken on the 1 st of each month and you will be advised how to do this accordingly if assistance is agreed. N.B. If	

your child starts on transport during the academic year then you will make fewer	
payments but for higher monthly amounts as full payment has to be received by 31	
May	

TRAVEL ASSIST WILL CONSIDER YOUR RESPONSES GIVEN BELOW $\underline{\text{IF}}$ YOUR CHILD IS AWARDED SPECIALISED TRANSPORT

3.3 Seating Arrangements (please tick or circle)				
Do you require a booster cushion? Note: this must be provided for any young person	n under 1.35 m	etres (4'4")	Yes	No
Do you need lifting into a seat?			Yes	No
If yes , please state what assistance is required?				
Do you have an exemption on medical grounds for (If yes, please attach documents confirming the exemption)		seat belt?	Yes	No
3.4 Wheelchair Users Only: (please tick or circle)				
Can you walk at all?			Yes	No
Can you transfer to a seat on a vehicle?	Yes	No		
If yes, do you require assistance to do this?			Yes	No
Please state what assistance is required?				
Do you need to travel in a wheelchair on the vehi	cle?		Yes	No
What is the make and model of the wheelchair?				
Is the Wheelchair:	Folding	Non-folding	Electric	
What is the dimension (in centimetres) of the wheelchair when in use?	Length	Width	Height	

SECTION 4: DECLARATION

Please read the following declaration. We will not process your application for support if you do not sign and date the declaration.

The information I have given on this form is complete and accurate. I will inform you immediately of any change in circumstances which might affect any entitlement to travel assistance. I understand that if I give you false information, or fail to give complete information the Council may take action against me. I will write and tell you immediately if I/the young person leaves or transfers to a different educational setting.

If financial assistance is provided to me or on my behalf, and if, for whatever reason, an amount which is more than I am entitled to, I will pay back any amount in excess of my entitlement.

Your signature:	Date:
Parent/Carer 1 signature:	Date:
Parent/Carer 2 signature:	Date:

Privacy Notice under the General Data Protection Regulation (GDPR) (EU) 2016/679

The information you have provided on this form will be used by Birmingham City Council in accordance with the General Data Protection Regulation and any successor legislation to the GDPR or the Data Protection Act 1998.

The information will be used in accordance with the Education Transport Policy and for the purpose of processing applications for pupils travel assistance as required to fulfil the Council's duties under legislation, statutory or contractual requirement or obligation.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with external organisations whose business it is to assist in the service delivery of transport solutions to eligible students and with the Department of Education for statistical purposes only. The personal data is not shared with anyone else and will never be disclosed for marketing purposes.

The information contained on this application form will be retained until your child no longer requires travel assistance provided by the Council and then for a further 90 days from the date that travel assistance ceases and shall be processed in adherence to your legal rights, which are set out in our privacy notice which can be found

at: www.birmingham.gov.uk/privacy. Your personal data will be stored and used in accordance with this Policy. Should you require a hard copy of our privacy statement then please contact our Data Protection Officer on 0121 303 4955.

SECTION 5: For Completion by School / College / SENAR only

3.1 Tell us abou	t the Course				
Full Course			Start date		
Title					
If 'A' Levels			Finish date		
please list all			Discoment		
subjects			Placement		
Is the course ful	I time?	<u>'</u>		Yes	No
guided hours per		ıdy, approxin	nately 12		
Is this a special	needs course?			Yes	No
Is this the neare	st school/college to the family's home	that provide	s the	Yes	No
course?					
If no. please sta	te the reasons why the young person i	s attending	this school /	L college.	
	ng evidence where necessary.	o attorianing		oonogo.	
5.2 Tell us abo	ut the School / College				
Name of school	1	Tel No			
college contact					
Email address					
Email addices		School /			
Email addition		School / college sta	art		
	ie	School / college statime	art		
Date Transport		School / college sta time School /			
		School / college sta time School / college Fir			
Date Transport required to start		School / college sta time School / college Fin time	nish	Yes	No
Date Transport required to start Does the school service?	I / college currently receive a home to s	School / college sta time School / college Fin time	nish		
Date Transport required to start	I / college currently receive a home to s	School / college sta time School / college Fin time	nish	Yes Yes	No No
Date Transport required to start Does the school service? Is the pupil a ne	I / college currently receive a home to s	School / college sta time School / college Fin time school trans	port		
Date Transport required to start Does the school service? Is the pupil a ne	I / college currently receive a home to s w starter?	School / college sta time School / college Fin time school trans	port		
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Date Transport required to start Does the school service? Is the pupil a ne	I / college currently receive a home to s w starter?	School / college sta time School / college Fin time school trans	port		

Which days w	rill the student a	attend college/s	school?		
	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

What type of transpo (Please circle or tick)	•		
Car	Black Cab	Mini Bus	Wheelchair Accessible vehicle
Booster Cushion	Child Safety Seat	Postural Harness	Harness for Challenging Behaviour*
* written parental permissio	n is required (please contact	the Education Transport Sei	rvice for further details)
If student is residential e.g. 52 week/termly/we	please state what place ekly/other	ement is being paid for	

SECTION 7: DECLARATION SCHOOL / COLLEGE / SENAR

correct to the best of my knowledge.	aing sections completed by parent / carer are				
School/College Representative / SENAR signature:	Print name:				
Position:	Date:				
Please note a minimum of 15 working days is required from receipt of this form to make an assessment of this application. If a Pupil Guide is required or it is necessary to request specialised information concerning a pupil, extra time may be necessary for arrangements to be made.					
	Pupils will be transported by the most efficient and cost effective transport option available in consideration of their individual needs and information obtained from their EHC Plan.				

Please email this form to: travelassist@birmingham.gov.uk or return it to the following address: Travel Assist, PO Box 16541, Birmingham, B2 2DD

Application for Travel Assistance Adults (19+)

Notes for Guidance

Sections 1 to 4 must be completed by you, the student, or your parent/carer(s). **Section 5** must be completed by the school/college.

Please read the relevant part of the Council's "Travel assistance policy for 0-25 year olds in education" (available here) before completing this form. Please note in particular, that as that document makes clear, the Council's policy is that unless the circumstances are exceptional, the Council will only consider providing travel assistance for adults who have an Education Health and Care (EHC) Plan. Please complete this form carefully, ensuring all information provided is accurate and that you include everything you want to say in support of your application.

Please note that this application form only applies to travel assistance applications to and from an adult's educational institution.

All sections must be completed or the form will be returned and there will be a delay in processing your application.



Travel Assist

Application for Travel Assistance Adults (19+)

Sections 1 to 4 must be completed by you or your parent/carer(s). Section 5 must be completed by the school/college.

SECTION 1: YOUNG PERSON / EDUCATION INFORMATION

1. Personal details of the you	ng person ('you')			
Surname		Date of birth		
E: (N				
First Name		Gender		
Home Address		Post Code		
i.e. your only or main				
residence				
Name of person completing		Relationship to you		
this form on your behalf		Trelationship to you		
Name of both Parents or	Mother:	Father:		
Carers	mound.			
Telephone Number:				
Email Address:				
D. J. B. J. H.	Mathan	Fathan		
Do your parents live at the same address?	Mother: Yes / No If no, please	Father: Yes / No If no, please confirn	n addraee	
same address?	confirm address:	res / No ii no, piedse comin	ii addi 033	
Name and number of				
emergency contact				
Are you a 'Looked After Child	in Local Authority Caro?		Yes	No
Are you a Looked Arter Offild	in Local Authority Care:		163	INO
Name of Social Worker, Cont	act Number and if applica	ble. Foster Agency Name:		
	э. э. т. э. т. э. т. э. р. т. э.	,		
Name of Social Worker and C	Contact Number			
Does you have an Education	Health and Care Plan		Yes	No
Does you have all Education	Health and Cale Flail		1162	INO

If Birmingham City Council is not the Local Authority, please attach a copy of your plan.								
Employment Details								
Are your parents employed:	Mother:	Yes	No	Father:	Yes	No		
Please indicate the days that they work from Monday to Friday plus	Monday:		1	Monday:	•			
start and finish times of shifts undertaken each weekday.	Tuesday:			Tuesday:				
	Wednesda	y:		Wednesday:				
	Thursday:			Thursday:				
	Friday:			Friday:				
Name & Address of Employer and Current Workplace (including postcode):								
Study Training or Work Placement Do	tails							
Study, Training or Work Placement De		Ves	No	Father:	Ves	No		
Do your parents attend college, university, a training programme or	tails Mother:	Yes	No	Father:	Yes	No		
Do your parents attend college,		Yes	No	Father: Monday:	Yes	No		
Do your parents attend college, university, a training programme or work placement: Please indicate the days that they	Mother:	Yes	No		Yes	No		
Do your parents attend college, university, a training programme or work placement: Please indicate the days that they attend college/university/training programme/work placement plus	Mother: Monday:		No	Monday:	Yes	No		
Do your parents attend college, university, a training programme or work placement: Please indicate the days that they attend college/university/training programme/work placement plus start and finish times of seminars/lectures/training/placement	Mother: Monday: Tuesday:		No	Monday: Tuesday:	Yes	No		
Do your parents attend college, university, a training programme or work placement: Please indicate the days that they attend college/university/training programme/work placement plus start and finish times of seminars/lectures/training/placement undertaken each day.	Mother: Monday: Tuesday: Wednesda		No	Monday: Tuesday: Wednesday:	Yes	No		
Do your parents attend college, university, a training programme or work placement: Please indicate the days that they attend college/university/training programme/work placement plus start and finish times of seminars/lectures/training/placement	Mother: Monday: Tuesday: Wednesda Thursday:		No	Monday: Tuesday: Wednesday: Thursday:	Yes	No		
Do your parents attend college, university, a training programme or work placement: Please indicate the days that they attend college/university/training programme/work placement plus start and finish times of seminars/lectures/training/placement undertaken each day. Name & Address of College/University/Training Provider/Work Placement attended	Mother: Monday: Tuesday: Wednesda Thursday:		No	Monday: Tuesday: Wednesday: Thursday:	Yes	No		
Do your parents attend college, university, a training programme or work placement: Please indicate the days that they attend college/university/training programme/work placement plus start and finish times of seminars/lectures/training/placement undertaken each day. Name & Address of College/University/Training Provider/Work Placement attended	Mother: Monday: Tuesday: Wednesday: Thursday: Friday:	y: ution w		Monday: Tuesday: Wednesday: Thursday: Friday:	Yes	No		

If yes, please confirm which Local Authority is responsible:

Address		Po	stcode		
Do you already attend this coll	lege?		Yes		No
Date started/date due to start					
Title of course studied/due to I	a a aturdi a d				
	se studied				
Pick up / drop off address (if		Po	stcode		
different to home)					
Whose address is this?					
whose address is this?					
3. Details of Application					
Please tell us why assistance	is being requ	ested providing	 Las much inforr	mation as	
possible.	io boilig roqu	octou, providing	, do midon imon	nation do	
Processing					
M(I) 1					
What prevents your parents from for someone else to do this?	om taking yol	i to school or co	ollege, or makin	g arrangemer	its
for someone else to do this?					
4. Type of Travel Assistance s					
Please tick what type of assist	ance is requi				
Train Pass		Personal Tran	·		
Bus Pass		Guided Public	ransport		
A Transport Vehicle	••	other			
Complete all sections below Please give your reasons for t		 travel assistanc	e requested:		
Thease give your reasons for t	rie type(s) or	liavei assistario	e requested.		
Guides are not automatically p	provided to ac	company young	people and	Yes	No
adults to school or college. If			rted on a		
transport vehicle, do you belie	ve that a guic	le is required?			
If yes, or you have asked for g	juided public	transport, pleas	e tell us why yo	ou believe that	а
guide is required?					
<u> </u>					

Would a guide require any special training?		Yes	No		
If yes, please state what training would be required?					
A 11 11 6 B					
Are you eligible for a Pos		tionary Learner Support Fu	nd?	Yes Yes	No No
Do you have a Concession		• • • • • • • • • • • • • • • • • • • •	iiu:	Yes	No
Are you only applying for	a Bus/Train pa	iss?		Yes	No
If yes, you do <u>not</u> need	to complete S	ection 3.			
5. Other Information					
Do your parents have an		1?			
Full name of all other	Date of birth	Which school do they go		tart and fi	nish
children in your family under 16 years of age		to (including postcode)?	times		
andor to yours or ago					
	l educational a	nd/or medical needs. Do y	ou have:		
(please tick or circle)	ontal Haalth na	ada		Voc	No
Social, Emotional and Mental Health needs Cognition and Learning difficulties Ye			Yes	No No	
		difficulties (including ASD)		Yes	No
Physical difficulties				Yes	No
Visual impairment Hearing impairment				Yes Yes	No No
Please state any other sp	 pecial education	nal or medical needs:		163	INO
, ,					
Tell us about your behav	iour. Do you:				
(please tick or circle)		lie trenene ut due te their hel		Vas	No
Have any difficulty walkir	ig or using publ	lic transport due to their bel	naviour?	Yes	No
Challenge Authority?			Yes	No	
Exhibit violent or aggressive behaviour?			Yes	No	
Pose any risk to other na	Pose any risk to other passengers (children/driver/pupil guide)? Yes No			No	
. 335 arry flort to other pa	ccorigoro (orino			100	140

If you have answered yes to any of these questions please describe these be us about anything that prompts you to behave in this way and anything we ne of to help to prevent these behaviours?		
Do you have a full statement of special educational needs or an Education	Yes	No
Health and Care Plan (EHCP)?		
Do you consent to the Travel Assist Service reviewing a copy of your statement or EHCP, including any assessment reports?	Yes	No
Is this college/sixth form/other educational institution named in your statement of special educational needs or EHCP because it was the school that you or your parents preferred?	Yes	No
Which school/college/sixth form/other educational institution did you last atten	d?	
Have you received transport assistance before? If yes, please tell us below what assistance was provided	Yes	No
Do you or your parents have a vehicle?	Yes	No
If yes, please provide the make and model of the car, the names of the people insured to drive it and details of any adaptations which have been made to the		
How do you travel the rest of the time, i.e. when you are not travelling to colle		
Please use this space to tell us anything else that you would like taken into co	nsiderat	ion:
Your application should include any documents that you would like us to cons your EHCP or statement of special educational needs. Please list the document have included with your application:		

All Recipients of travel assistance are expected to undertake independent travel training. If you do not think you should be considered for independent travel training, please explain why below:

7. Income Are you or your parents receiving any income related benefits? Yes No If **yes**, please list the benefits that you/they receive below and provide documentary evidence of your/their entitlement.

SECTION 2: RISK ASSESSMENT

IF THE COUNCIL DECIDES THAT IT IS NECESSARY TO PROVIDE TRAVEL ASSISTANCE, THE FOLLOWING INFORMATION WILL BE USED TO MAKE A RISK ASSESSMENT OF YOUR NEEDS WHEN TRAVELLING.

In order to ensure each young person can travel by the safest and most suitable form of transport we require as much information as possible. To help with this process, Travel Assist produces a Generic Home to School Transport Risk Assessment a copy of which is available from our documents webpage at www.birmingham.gov.uk/travelassist or a hard copy can be obtained from Travel Assist.

FOR SOME STUDENTS NOT ALL OF THEIR NEEDS WILL BE COVERED IN THIS ASSESSMENT AND AN INDIVIDUAL RISK ASSESSMENT IS REQUIRED. IN ORDER TO MAKE THIS DECISION PLEASE CAN YOU PROVIDE THE FOLLOWING INFORMATION:

(please tick or circle)		
Do you have any emotional/behavioural/medical/life threatening medical condit	ions that	:
need to be taken account of before transport would commence? If yes, please		
appropriate box(es)		
Life Threatenting	Yes	No
If yes, please provide further information.		
<u>Behavioural</u>	Yes	No
If yes, please provide further information.		
Do you currently wear a behaviour harness	Yes	No
Medical	Yes	No
If yes, please provide further information.	100	110
,,		
<u>Emotional</u>	Yes	No
If yes, please provide further information.		
De very house any ellemeire. If you please provide details helevy	\\\	NI.
Do you have any allergies. If yes, please provide details below:	Yes	No
If you have answered yes to any of the above please provide a copy of your in	ndividua	1
Health Care Plan or where appropriate Joint Epilepsy Care Plan (dated within		
vears)		

SECTION 3: TRANSPORT DETAILS

You do not need to complete section 3 if you are only requesting a bus / train pass.

3.1 If you are unable to transport the young person to school / college and would like to request for specialised transport to be considered, you will need to make a contribution towards these costs. Please select and tick one of the following:

I agree to pay a contribution of £780 towards the cost of the specialised transport for this academic year.

I agree to pay a contribution of £390 towards the cost of the specialised transport for this academic year because I, or my parents, are in receipt of:

- Income Support
- Income based Job Seekers' Allowance.
- Income related Employment and Support Allowance.
- Support under Part VI of the Immigration and Asylum Act 1999.
- The Guaranteed element of State Pension Credit.
- Child Tax Credit provided they are not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190.
- Maximum Working Tax Credit (no reduction for income)
- Working Tax Credit Run-on paid for 4 weeks after you stop qualifying for Working Tax Credit.
- The young person receives income support or income based job seekers allowance in their own right.

You must provide <u>recent</u> evidence of the benefits you receive. In the case of Tax Credit notifications, all pages must be provided

3.2 How do you want to pay?

I wish to pay the whole amount prior to the start of the Academic year, or prior to starting on transport if applying during the academic year. You can make a payment by debit or credit card. You will be advised how to do this accordingly if assistance is agreed.

I wish to pay on a monthly basis by direct debit. Arrangements will be made for you to be charged upon receipt of the signed direct debit mandate over an 8 month period starting from September to April. Payment of either £97.50 per month, or £48.75 per month if your family is on a low income, will be taken on the 1st of each month and you will be advised how to do this accordingly if assistance is agreed. N.B. If your child starts on transport during the academic year then you will make fewer payments but for higher monthly amounts as full payment has to be received by 30 April.

TRAVEL ASSIST WILL CONSIDER YOUR RESPONSES GIVEN BELOW <u>IF</u> YOUR CHILD IS AWARDED SPECIALISED TRANSPORT

3.3 Seating Arrangements		
(please tick or circle)		
Do you require a booster cushion?	Yes	No

Note: this must be provided for any young person	n under 1.35 m	etres (4'4")		
Do you need lifting into a seat?			Yes	No
If yes , please state what assistance is required?				
Do you have an exemption on medical grounds from (If yes, please attach documents confirming the exemption of the exemption o		seat belt?	Yes	No
				,
3.4 Wheelchair Users Only: (please tick or circle)				
Can you walk at all?			Yes	No
Can you transfer to a seat on a vehicle?			Yes	No
If yes, do you require assistance to do this?			Yes	No
Please state what assistance is required?				
Do you need to travel in a wheelchair on the vehi	cle?		Yes	No
What is the make and model of the wheelchair?				,
Is the Wheelchair:	Folding	Non-folding	Electri	С
What is the dimension (in centimetres) of the wheelchair when in use?	Length	Width	Height	

SECTION 4: DECLARATION

Please read the following declaration. We will not process your application for support if you do not sign and date the declaration.

The information I have given on this form is complete and accurate. I will inform you immediately of any change in circumstances which might affect any entitlement to travel assistance. I understand that if I give you false information, or fail to give complete information the Council may take action against me. I will write and tell you immediately if I/the young person leaves or transfers to a different educational setting.

If financial assistance is provided to me or on my behalf, and if, for whatever reason, an amount which is more than I am entitled to, I will pay back any amount in excess of my entitlement.

Your signature:	Date:
Parent/Carer 1 signature:	Date:
Parent/Carer 2 signature:	Date:

Privacy Notice under the General Data Protection Regulation (GDPR) (EU) 2016/679

The information you have provided on this form will be used by Birmingham City Council in accordance with the General Data Protection Regulation and any successor legislation to the GDPR or the Data Protection Act 1998.

The information will be used in accordance with the Education Transport Policy and for the purpose of processing applications for pupils travel assistance as required to fulfil the Council's duties under legislation, statutory or contractual requirement or obligation.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with external organisations whose business it is to assist in the service delivery of transport solutions to eligible students and with the Department of Education for statistical purposes only. The personal data is not shared with anyone else and will never be disclosed for marketing purposes.

The information contained on this application form will be retained until your child no longer requires travel assistance provided by the Council and then for a further 90 days from the date that travel assistance ceases and shall be processed in adherence to your legal rights, which are set out in our privacy notice which can be found

at: www.birmingham.gov.uk/privacy. Your personal data will be stored and used in accordance with this Policy. Should you require a hard copy of our privacy statement then please contact our Data Protection Officer on 0121 303 4955.

SECTION 5: For Completion by College / SENAR only

5.1 Tell us abou	t the Course				
Full Course			Start date		
Title					
If 'A' Levels			Finish date		
please list all			Discourses		
subjects			Placement		
Is the course ful	Il time?	II.		Yes	No
(The Course mus guided hours per	t be a minimum of 450 guided hours of stu week)	ıdy, approxim	ately 12		
Is this a special				Yes	No
Is this the neare	est school/college to the family's home t	that provide:	s the	Yes	No
course?	,	•			
If no, please sta	te the reasons why the young person is	s attending t	his school /	 	
-	ng evidence where necessary.	o attorianing t		00090.	
5.2 Tell us abo	ut the School / College				
Name of school	1	Tel No			
college contact					
Email address		School /			
		college sta	ırt		
Doto Transport	io	time School /			
Date Transport required to start			nieh		
required to start		college Fir	11511		
Does the schoo	I / college currently receive a home to s	1	port	Yes	No
service?	,				
Is the pupil a ne	w starter?			Yes	No
If			: tl t		
If no , please sta	ate why a transport request has not bee	en submitted	in the past		

4	1	1
1		

Wednesday

Thursday

Friday

Which days will the student attend college/school?

Tuesday

Monday

AM PM

What type of transport / seat is required? (Please circle or tick)				
Car	Black Cab	Mini Bus	Wheelchair Accessible vehicle	
Booster Cushion	Child Safety Seat	Postural Harness	Harness for Challenging Behaviour*	
* written parental permission is required (please contact the Education Transport Service for further details)				
If student is residential e.g. 52 week/termly/we	please state what place eekly/other	ement is being paid for		

SECTION 7: DECLARATION SCHOOL / COLLEGE / SENAR

I certify that the details included on this form, included correct to the best of my knowledge.	ling sections completed by parent / carer are
School/College Representative / SENAR signature:	Print name:
Position:	Date:
Please note a minimum of 15 working days is recassessment of this application. If a Pupil Guide is rinformation concerning a pupil, extra time may be republication of their individual poeds and information of their individual poeds and information.	required or it is necessary to request specialised necessary for arrangements to be made. cost effective transport option available in

Please email this form to: travelassist@birmingham.gov.uk or return it to the following address: Travel Assist, PO Box 16541, Birmingham, B2 2DD

Appendix 2

Travel Support available from schools and further education institutions

The following is a list of sources of travel support available through schools and further education institutions. Enquiries and applications in respect of these should be made through the young person's school or institution.

16-19 Bursary Fund

Help is available for the most vulnerable 16 - 19 year olds to continue in full-time education or training after 16. Young people can apply to their school or college or training provider for the new 16 -19 Bursary Fund.

The scheme is made up of two parts – a guaranteed payment to a small group of the most vulnerable and a discretionary fund for schools and colleges to distribute. Guaranteed bursaries of £1,200 a year will be paid to the most vulnerable groups.

This includes young people in care, care leavers; young people claiming Income Support or Universal Credit, disabled young people in receipt of Employment Support Allowance and Disability Living Allowance.

The second element of the scheme enables schools and colleges to award discretionary bursaries to any students who face genuine financial barriers to participation, such as the costs of transport, meals, books and equipment etc.

Schools and colleges set their own eligibility criteria, decide on how much is paid and set their own conditions for students to meet in order to receive a bursary, for example, linked to behaviour or attendance.

Further information about the 16 -19 Bursary Scheme can be found at: www.gov.uk/1619-bursary-fund

Care to Learn

Care to Learn provides financial support to young parents who want to continue their education or training and need support with the cost of their childcare, and associated travel. Care to Learn pays up to £160 per child per week to the childcare provider.

Further details can be obtained on Tel no 0800 121 8989 or visit www.gov.uk/care-to-learn

Dance and Drama Awards

DADA are scholarships that offer greatly reduced tuition fees, and income-assessed support with living and learning costs, at some of the leading independent dance and drama schools in England.

The awards give learners the chance to compete for a high quality training place. They are offered to learners by the school on the basis of talent demonstrated at audition and not financial circumstances, and provide high quality training for people who want to directly enter the profession.

Further details can be obtained on Tel no 0800 121 8989 or visit www.gov.uk/dance-drama-awards

Residential Support Scheme

The Residential Support Scheme provides help with the accommodation costs of learners aged 16 and over, who need to live away from home to study because their course is not available locally. It covers Education Fund Agency and Skills Funding Agency Learner Support Responsive funded

courses which must require more than 16 hours attendance per week and be of at least 10 weeks duration. The course must be of a first level 2 or level 3 qualification.

Further information can be obtained from the national helpline on Tel No 0800 121 8989 or visit: www.gov.uk/residential-support-scheme

Appendix 3

Travel concessions which may be available

Public Transport Assistance

Birmingham has a comprehensive public transport network which includes buses, trains and metro. Network West Midlands is the new name that connects all public transport in the West Midlands metropolitan area. This includes Birmingham, Dudley, Coventry, Sandwell, Solihull, Walsall and Wolverhampton. It clearly identifies the complete network of bus, train and metro services.

Further information can be found at: www.networkwestmidlands.com

Network West Midlands, the West Midlands Integrated Transport Authority, is responsible for promoting and developing public transport across the West Midlands metropolitan area. They coordinate local transport information for Birmingham and publish bus timetables. This includes the Network West Midlands Map and Guide to Public Transport in Birmingham.

The Birmingham map shows all bus operators, routes, rail and metro services and the frequency of bus services. The bus map is available online at: http://www.networkwestmidlands.com/Maps/maps-home.aspx

A journey planner is also available on line at: www.networkwestmidlands.com or via the free NetNav and Net WM App's.

The majority of school journeys that are made by bus use public operated transport, although there are a number of special bus services procured directly by schools or run commercially and some dedicated bus services run by private operators. The Network West Midlands Sustainable Travel Team informs individual schools and Council School Travel Advisers within the West Midlands when school specific buses are being withdrawn or of any changes in timings of which they are aware.

Network West Midland's Sustainable Travel Team work with schools in Birmingham to assist with the public transport elements of school travel plans and promote sustainable travel. The support offered includes the following:

- Year 6 transition workshops
- Special Needs School Travel Training Workshops and hire of Resources
- http://futuretravel.org.uk is an interactive web site with downloadable teacher notes, lesson plans and worksheets suitable for key stages 1 3.
- Bespoke public transport packs
- Journey planning advice
- Dedicated Education officers
- Travel awareness sessions & route planning for pupils and staff
- Advice on public transport aspects of travel plans.
- Liaison on behalf of school with transport operators to ensure services are running at appropriate times.
- Bus behaviour issues
- Attend events to promote public transport and sustainable travel.

Network West Midlands works in partnership with the Safer Travel Police Team, West Midlands Local Authorities and Transport Operators. Within local authorities Network West Midlands liaise with School Travel Advisers, TravelWise Officers and Post-16 Transport Partnership Groups.

Network West Midlands - 16 - 18 Photocard

There is an extensive public transport network of buses, trains and metro in the Birmingham area. Students aged 16-18 (Years 12 & 13) and in full-time education (minimum 12 hours per week) can

purchase a ' 16 - 18 Photocard' (valid for one academic year). It costs £10 and is available through an online application process at www.networkwestmidlands.com/16-18.

Unique Validation Codes (UVC's) are only available from the student's school or college and these are required to successfully apply for a 16-18 Photocard. Information is available from **Network West Midlands ticketing on 0345 303 6760**.

The photocard card entitles the student to pay child fares (approximately half adult cash fares) to and from school or college on buses, trains and trams within the West Midlands area and also allows students to purchase child rate weekly, 4 weekly, Direct Debit and term season tickets. This concession is funded by Network West Midlands.

Applications for the Network West Midlands 16 – 18 photocard can now only be made online. A Unique Validation Code is required with every application and these are only available from the school or college the student will be attending. Students cannot apply for one until they enrol. At peak times (the start of the academic year) it normally takes ten working days for the photocard to be returned.

Direct Debit and season tickets may be purchased as soon as they go on sale and used until 30th September without a photocard. The photocard must be in place by 1st October to continue to use the pass.

IMPORTANT: Applications for a 16 - 18 photocard received from students who are not eligible due to their age, 18 or over by 1st September of the current academic year or because they do not meet the residence criteria may forfeit the £10 fee. Refunds will only be given at the discretion of Network West Midlands.

The 16 - 18 Photocard is valid during the following times:

16 - 18 Photocard and Cash Fare	Monday to Friday term time only and journeys to / from the school or college only. From start of daytime services to the learning provider before 0930 and from 1530 until 1800 and, if in connection with the school or college curriculum, outside these times.
16 - 18 Photocard and NX West Midlands Scholar's Ticket	Scholar's tickets are not available for retail sale but may be provided for those students with Learning Difficulties and / or Disabilities from the Local Authority and are only valid on National Express West Midlands services. Monday to Friday term time only and journeys to/from the school or college only. From start of daytime services to before 0930 and from 1530 to before 1800 and, if in connection with the school or college curriculum, any time up to 2215.
16 - 18 Photocard and Network Scholar Season Ticket	As above but valid on any operator's bus and train and Metro within the West Midlands County.
16 - 18 PHOTOCARD AND TERM NETWORK	On sale 3 times per year, usually August, March / April and December, 3 cover a full year. Valid on any bus, train or metro within the West Midlands County. 16 - 18 photocard with child rate season tickets are valid whenever the tickets are valid including weekends and holidays.

16 - 18 PHOTOCARD AND TERM NETWORK BY DIRECT DEBIT (N RAIL FOR CHILD TRAIN ONLY TRAVEL AND NBUS FOR CHILD ALL OPERATOR BUS TRAVEL IS ALSO AVAILABLE FROM NETWORK WEST MIDLANDS DIRECT DEBIT)

VALIDITY AS ABOVE PLUS RAIL ADD-ON AVAILABLE FROM STATIONS OUTSIDE THE WEST MIDLANDS. DIRECT DEBIT OFFERS GREAT SAVINGS AND FLEXIBILITY AS THE TICKET IS VALID ALL DAY, EVERY DAY AND DURING SCHOOL HOLIDAYS.

TICKETS START ON THE 1ST OF EACH MONTH AND YOU CAN NOW BUY YOUR FIRST MONTHS TICKET USING A DEBIT AND CREDIT CARD WHILE YOUR APPLICATION IS BEING PROCESSED.10 MONTHLY PAYMENTS ARE MADE FOR 12 MONTHS TRAVEL AND TICKETS ARE DELIVERED BY POST EACH MONTH.

THESE TICKETS CAN BE USED UNTIL 1ST OCTOBER WITHOUT A VALID 16-18 PHOTOCARD AFTER THAT A VALID 16-18 PHOTOCARD MUST BE USED WITH THIS TICKET.

CONTACT NETWORK WEST MIDLANDS DIRECT SALES TEAM ON 0121 214 7550 OR VISIT
WWW.NETWORKWESTMIDLANDS.COM/DIRECTDEBIT

16 - 18 PHOTOCARD AND NX WEST MIDLANDS TERM PLUS

On sale 3 times per year usually August, March / April and December, 3 cover a full year. Can be used all day, every day on all National Express West Midlands bus services during its validity, including weekends, evenings and relevant holidays.

Can usually be purchased in August without a valid 16 - 18 Photocard providing person is eligible for and obtains one no later than 1st October in relevant year. **Tel no: 0121 254 6363 for confirmation**. Not valid on certain special services.

Network West Midlands Free Travel Pass (for people with eligible disabilities)

Network West Midlands organises travel concessions for people with certain eligible disabilities. It is available to all age groups 5 upwards providing they are a permanent resident of the West Midlands. A free permit is provided for use on bus, rail and Midland Metro services valid at the following times:

Mondays to Fridays 0930hrs to end of daytime service

Weekends and Bank Holidays Anytime

Further details can be obtained on Tel no 0121 214 7550 or web site www.networkwestmidlands.com

There is also a free 'add-on' ticket for those young people between the ages of 16 to 18 years which is available to those in education and receiving the above travel concession. This add-on allows travel before 9.30am on bus, rail and metro services in the West Midlands.

You must be studying for more than 16 hours per week to qualify for this free 'add-on' ticket. Unique Validation Codes (UVC's) are only available from the student's school or college and these are required to successfully apply for a free 'add-on' ticket.

Further information about the 'add-on' ticket is available from Network West Midlands Ticketing on 0345 303 6760.

National Express West Midlands – Travel Cards and Term Plus

NATIONAL EXPRESS WEST MIDLANDS OFFERS A WHOLE RANGE OF PRODUCTS SUITABLE FOR YOUNG PEOPLE BETWEEN THE AGES OF 16 -18, PROVIDING THEY QUALIFY FOR AND OBTAIN A NETWORK WEST MIDLANDS 16 -18 PHOTOCARD. THERE IS ALSO A DIRECT DEBIT OPTION THAT DOES NOT REQUIRE A NETWORK WEST MIDLANDS 16 -18 PHOTOCARD, BUT PROOF FROM THE STUDENT'S SCHOOL/COLLEGE THAT THEY ARE IN FULL TIME EDUCATION IS REQUIRED.

TRAVEL CARDS

The National Express West Midlands products available are 1 week and 4 week travel cards and Term Plus. These travel cards can be used all day, everyday on all Travel West Midlands buses during their validity, as many times as required. Term Plus is available by Direct Debit you can apply to join the scheme whenever you wish.

Further details can be obtained on 0121 254 6363 or web site www.nxbus.co.uk/west-midlands for Direct Debit information call 0121 254 6322.

For timetable information call Traveline 0871 200 22 33.

FOR FULL DETAILS ON THE TYPES OF PASSES THAT CAN BE PURCHASED PLEASE GO TO THE NETWORK WEST MIDLANDS WEB SITE: www.networkwestmidlands.com and the National Express West MIDLANDS WEB SITE: www.nxbus.co.uk/west-midlands

NETWORK WEST MIDLANDS ALSO HAS AN INTERNET JOURNEY PLANNER AVAILABLE AT ITS WEB SITE WHICH ENABLES STUDENTS TO SEE WHICH PUBLIC TRANSPORT ROUTES THEY WOULD NEED TO USE TO TRAVEL FROM HOME TO THE SCHOOL OR COLLEGE THEY ARE ATTENDING. THE NEW NETNAY AND NET WM JOURNEY PLANNING APPLICATIONS ARE NOW AVAILABLE THROUGHOUT THE WEST MIDLANDS.

WEST MIDLANDS SPECIAL NEEDS TRANSPORT LTD (WMSNT) - RING AND RIDE

WMSNT is the largest, non-statutory, accessible passenger transport provider of its kind not only in the West Midlands but also the world. It operates a range of services all focussing on the needs of people with limited mobility in the West Midlands urban area.

These include Ring and Ride, a door to door bus service for people unable to use mainstream public transport provision. Ring and Ride is aimed at meeting individual travel needs, enabling people to maintain their independence whilst being supported by appropriately trained driving staff throughout their journey.

It also has a contracts division which currently provides complete home to school transport solutions for eleven special needs schools in Birmingham plus a number of smaller contracts at other similar schools. In addition to home to school, it also provides transport for activities during and also outside the school day.

All **WMSNT**'s activities are supported by its own training department which is an NVQ approved body as well as being certified to provide RoSPA Advanced Driver Training. It also provides external training including pupil guides for Birmingham Local Authority and also registered taxi drivers for Coventry City Council. As a registered Charity, with 30 years of specialist experience, recently recognised by the DfT "....as best practice for home to school transport in the UK", **WMSNT** offers cost effective, "not for profit" transport solutions to include and beyond the statutory obligation to get children to and from school.

Further details can be obtained from Sue Cozens, Operations Manager on 0121 327 8128 or email: sue.cozens@wmsnt.org

School Travel Plans

The Birmingham City Council Sustainable Modes of Travel Strategy sets out how Birmingham will develop and promote sustainable travel within the city, so that the needs of children and young people are better catered for. It has four main objectives:

- Increase the use of sustainable travel on the school journey
- Work with all Birmingham Schools to develop and implement a school travel plan
- Provide infrastructure to support sustainable travel

Take a partnership approach to sustainable travel to school issues

In 2015 the Council adopted Modeshift STARS (MSS) a sustainable travel online tool—which—is—a nationally accredited awards scheme that supports schools in the promotion of active, sustainable and safe travel. The online tool is provided, maintained and endorsed by the Department for Transport (DfT) and is included in their Cycling and Walking Investment Strategy (CWIS). This scheme is the only national accreditation scheme for rewarding sustainable School Travel Plans.

Whilst the online tool is universally available to schools, the 'self-service' nature of Modeshift STARS enables schools to achieve a national school award that demonstrate excellence in supporting road safety, cycling and walking.

Most Birmingham schools have a School Travel Plan (STP) and the Council is encouraging schools to review their travel plan using Modeshift STARS with the aim of achieving either a Bronze, Silver or Gold accreditation.

When signing schools up to Modeshift STARS and developing activities/initiatives with schools this will be co-ordinated with existing delivery programmes. All these delivery programmes are linked to the accreditation process and address low activity levels and high incidence of obesity in Birmingham's school children along with tackling local traffic congestion and reducing road accidents.

School Travel Plans help improve the fitness of children by setting targets aiming for the increased of walking and cycling and enhance parent and child interaction. They can ease traffic congestion and pollution around schools by reducing the number of vehicles arriving at the beginning and end of the school day. Additionally, they can draw attention to local issues of road safety and are used to support requests for highway improvements.

The Council can support schools with resources to help promote sustainable travel and the first step towards this is for schools to sign up to Modeshift STARS www.modeshiftstars.org. The Council will then work with schools to start the process of reviewing their plan.

For more information, please contact the Transportation Behaviour Change Team by emailing connected@birmingham.gov.uk or call 0121 303 1873.

Contacts:

Children and Young People

Travel Assist Service PO Box 16541 Birmingham B2 2DD

Email: travelassist@birmingham.gov.uk

Telephone: 0121 303 4955

Website: www.birmingham.gov.uk/travelassist

16-19 Bursary Fund

Telephone: 0300 303 8610 web site: www.gov.uk/1619-bursary-fund

Care to Learn

Telephone: 0300 303 8610 web site: www.gov.uk/care-to-learn

Dance and Drama Awards

Telephone: 0300 303 8610 web site: www.gov.uk/dance-drama-awards

Residential Support Scheme

Telephone: 0300 303 8610 web site: www.gov.uk/residential-support-scheme

Network West Midlands website: www.networkwestmidlands.com or telephone 0345 303 6760

Travel West Midlands web site: http://nxbus.co.uk/west-midlands/

Appendix 4

Birmingham Schools, Academies and Free Schools with Sixth Forms

(In alphabetical order)

Archbishop IIsley Catholic Technology College and Sixth Form Centre Victoria Road, Acocks Green B27 7XY Tel 0121 706 4200

Arthur Terry School Kittoe Road, Sutton Coldfield, B74 4RZ Tel 0121 323 2221

Aston Manor Academy Phillips Street, Aston, B6 4PZ Tel 0121 359 8108

Aston University Engineering Academy 1 Lister Street, B7 4AG Tel 0121 380 0570

Baskerville School Fellow Lane, Harborne, B17 9TS Tel 0121 427 3191

Baverstock Foundation School and Specialist Sports College 501 Bells Lane, Kings Heath, B14 5TL Tel 0121 430 7924

Bishop Challoner Catholic College Institute Road, Kings Heath, B14 7EG Tel 0121 444 4161

Bishop Vesey's Grammar School Lichfield Road, Sutton Coldfield B74 2NH Tel 0121 250 5400

Bishop Walsh Catholic School Wylde Green Road, Sutton Coldfield, B76 1QT Tel 0121 351 3215

Bordesley Green Girls' School and Sixth Form Bordesley Green Road, Bordesley, B9 4TR Tel 0121 464 61010

Braidwood School for the Deaf Bromford Road, Hodge Hill, B36 8AF Tel 0121 464 5558

Broadway Academy The Broadway, Perry Barr, B20 3DP Tel 0121 566 4334

Calthorpe Academy
Darwin Street, Highgate, B12 0TT
Tel 0121 773 4637

Cockshut Hill Technology College Cockshut Hill, Yardley, B26 2HX Tel 0121 464 2122

Colmers School and Sixth Form Bristol Road South, B45 9NY Tel 0121 453 1778

Dame Elizabeth Cadbury Technology College Woodbrooke Road, Bournville, B30 1UL Tel 0121 464 4040

Fairfax School Fairfax Road, Sutton Coldfield, B75 7JT Tel 0121 378 1288

Fox Hollies School Highbury Campus, Queensbridge Road, B13 8QB Tel 0121 464 6566

George Dixon Academy Portland Road, B16 9GD Tel 0121 566 6565

Great Barr School Aldridge Road, Great Barr, B44 8NU Tel 0121 366 6611

Greenwood Academy Farnborough Road, B35 7NL Tel 0121 464 6101

Hallmoor School Hallmoor Road, Kitts Green, B33 9QY Tel 0121 783 3972

Hamstead Hall Academy Craythorne Road, Handsworth Wood, B20 1HL Tel 0121 386 7510

Handsworth Grammar School Grove Lane, Handsworth, B21 9ET Tel 0121 554 2794

Handsworth Wood Girls' Academy Church Lane, Handsworth Wood, B20 2 HH Tel 0121 554 8122

Harborne Academy Harborne Road, Edgbaston, B15 3JL Tel 0121 464 2737

Heartlands Academy Gt. Francis Street, Nechells, B7 4QR Tel 0121 464 3931 Hillcrest School and Sixth Form Centre Stonehouse Lane, Bartley Green, B32 3AE Tel 0121 464 3172

Holte School Wheeler Street, Lozells B19 2EP Tel 0121 566 4370/4371

Holyhead School Milestone Lane, Soho, B21 0HN Tel 0121 378 1946

John Wilmott School Reddicap Heath Road, Sutton Coldfield, B75 7DY Tel 0121 378 1946

King Edward VI Aston School (Academy) Frederick Road, Aston, B6 6DJ Tel 0121 327 1130

King Edward VI Camp Hill School for Boys (Academy) Vicarage Road, Kings Heath, B14 7QJ Tel 0121 444 3188

King Edward VI Camp Hill School for Girls (Academy) Vicarage Road, Kings Heath B14 7QJ Tel 0121 444 2150

King Edward VI Five Ways School (Academy) Scotland Lane, Bartley Green, B32 4BT Tel 0121 475 3535

King Edward VI Handsworth School (Academy) Rose Hill Road, Handsworth, B21 9AR Tel 0121 554 2342

King Edward VI Sheldon Heath Academy Sheldon Heath Road, Sheldon, B26 2RZ Tel 0121 464 4428

Kings Norton Boys School Northfield Road, Kings Norton, B30 1DY Tel 0121 628 0010

Kings Norton Girls School and Sixth Form College (Academy) Selly Oak Road, Kings Norton, B30 1HW Tel 0121 675 1305 Lordswood Boys School and Sixth Form Centre (Academy) Hagley Road, Harborne, B17 8BJ Tel 0121 464 2837

Lordswood Girls School and Sixth Form Centre (Academy(Knightlow Road, Harborne, B17 8QB Tel 0121 429 2838 Mayfield School Wheeler Street, Lozells, B19 2EP Tel 0121 523 7321

Moseley School College Road, Moseley, B13 9UU Tel 0121 566 6444

Nishkam High School Great North Street North, Hockley, B19 2LF Tel 0121 348 7660

North Birmingham Academy 395 College Road, Erdington, B44 OHF Tel No 0121 373 1647

Oscott Manor School Old Oscott Hill, Kingstanding, B44 9SP Tel 0121 360 8222

Perry Beeches II: the Free School 156 Newhall Street, B3 1SJ Tel 0121 270 8090

Perry Beeches III: the Free School 23 Langley Walk, B15 2EF Tel 0121 647 2760

Perry Beeches IV: the Free School St Georges Court, 1 Albion Street, B1 3AH Tel 0121 647 2760

Plantsbrook School (Academy) Upper Holland Road, Sutton Coldfield, B72 1RB Tel 0121 362 7310

Priestley Smith School Perry Beeches Campus, Beeches Road, B42 2PY Tel 0121 325 3900

Queensbury School Wood End Road, Erdington, B24 8BL Tel 0121 373 5731

Selly Oak Trust School Oak Tree Lane, Selly Oak, B29 6HZ Tel 0121 472 0876 Shenley Academy Shenley Lane, Northfield. B29 4HE Tel 0121 464 5191

Small Heath School and Sixth Form Centre Muntz Street, Small Heath, B10 9RX Tel 0121 464 7997 St Alban's Academy Conybere Street, Highgate, B12 OYH Tel 0121 446 1300

St Edmund Campion Catholic School Sutton Road, Erdington, B23 5XA Tel 0121 464 7700

St John Wall Catholic School Oxhill Road, Handsworth, B21 8HH Tel 0121 554 1825

St Paul's Catholic School for Girls Vernon Road, Edgbaston, B16 9SL Tel 0121 454 0895

St Thomas Aquinas Catholic School Wychall Lane, Kings Norton B38 8AP Tel 0121 464 4643

Sutton Coldfield Grammar School for Girls (Academy) Jockey Road, Sutton Coldfield, B73 5PT Tel 0121 354 1479

Swanshurst School Brook Lane, Billesley, B13 OTW Tel 0121 464 2400

The Birmingham Ormiston Academy 1 Grosvenor Street, B4 7QD Tel: 0121 359 9300

Uffculme School, Post 16 40 Russell Road, Moseley, B13 8RE Tel 0121 464 5250

University of Birmingham School and Sixth Form College (Free School) Weoley Park Road, Selly Oak, B29 6QU Tel 0121 424 4858

Victoria School Bell Hill, Northfield, B31 1LD Tel 0121 476 9478

Washwood Heath Academy
Burney Lane, B8 2AS
Tel 0121 675 7272
Waverley School
Yardley Green Road, Small Heath, B9 5QA
Tel 0121 566 6600

Waverley Studio College 470 Belchers Lane, B9 5SX Tel 0121 566 6622 Wilson Stuart School (Academy)
Perry Common Road, Erdington B23 7AT
Tel 0121 373 4475

Birmingham Colleges

Birmingham City University Perry Barr, Birmingham, B42 2SU Tel 0121 **331 5595** / **5000**

Web site: www.bcu.ac.uk

Birmingham Institute of Art and Design Birmingham City University Gosta Green, Corporation Street B4 7DX Tel 0121 331 5800

Web site: www.bcu.ac.uk

Birmingham Metropolitan College - Matthew Boulton Campus Jennens Road, Birmingham B4 7PS

Tel 0845 155 0101

Web site: www.bmetc.ac.uk

Birmingham Metropolitan College - Sutton Campus Lichfield Road, Sutton Coldfield B74 2NW Tel 0845 155 0101

Web site: www.bmetc.ac.uk

Birmingham Metropolitan College – James Watt Campus Aldridge Road, Birmingham B44 8NE Tel 0845 155 0101

Web site: www.bmetc.ac.uk

Bournville College of Further Education Longbridge Lane, Longbridge B31 2AJ Tel 0121 477 1300

Web site: www.bournville.ac.uk

Cadbury College Downland Close, Off Redditch Road, Kings Norton B38 8QT Tel 0121 458 3898

Web site: www.cadcol.ac.uk

Joseph Chamberlain Sixth Form College 1 Belgrave Road, Highgate B12 9FF Tel 0121 446 2200

Web site: www.jcc.ac.uk

Mander Portman Woodward College 17-18 Greenfield Crescent, Edgbaston, B15 3AU Tel 0121 454 9637

Web site: www.mpw.ac.uk/locations/birmingham

Queen Alexandra College Court Oak Road, Harborne, B17 9TG Tel 0121 428 5050

Web site: www.qac.ac.uk

South & City College – Bordesley Green Campus 300 Bordesley Green, Birmingham B9 5NA Tel 0800 111 6311

Web site: www.sccb.ac.uk

South & City College – Digbeth Campus, Fusion Centre & Women's Enterprise Hub High Street, Deritend, B5 5DY Tel 0800 111 6311

Web site: www.sccb.ac.uk

South & City College – Golden Hillock Women's Centre 103-105 Golden Hillock Road, Small Heath, B10 0DP Tel 0800 111 6311

Web site: www.sccb.ac.uk

South & City College – Hall Green Campus Colebank Road, Hall Green B28 8ES Tel 0121 694 5002

Web site: www.sccb.ac.uk

South & City College – Handsworth Campus The Council House, Soho Road, Handsworth B21 9DP Tel 0800 111 6311

Web site: www.sccb.ac.uk

Trinity Specialist College Lindridge Farm, Lindridge Road, B75 7JB Tel 0121 378 3242

Web site: www.trinityspecialistcollege.co.uk

University College Birmingham Summer Row B3 1JB Tel 0121 604 1000

Web site: www.ucb.ac.uk

APPENDIX 5

TRAVEL CONCESSIONS AND OTHER SOURCES OF SUPPORT

1. Support available for access to further education institutions

The following is a list of sources of support that may be available through further education institutions. Enquiries and applications in respect of these should be made through the adult's education institution or directly to the provider.

Personal Independence Payment

This payment helps with extra costs caused by long-term ill health or a disability if you are aged 16-64. This includes a Daily Living as well as a mobility component.

Disabled Student's Allowances

Disabled Students' Allowances (DSAs) are paid on top of your other student finance. They help you pay the extra costs you may have because of your disability. They don't have to be repaid.

You can get help with the costs of:

- specialist equipment, e.g. a computer if you need one because of your disability
- non-medical helpers
- extra travel because of your disability
- other disability-related costs of studying

<u>Higher Rate Mobility Component of Disability Living Allowance (HRMC DLA)</u>

This allowance is provided by the <u>Department for Work and Pensions (DWP)</u> and can be used to cover the cost of a lease agreement with Motability Operations Ltd. As of 12 April 2017, this allowance is £58.00 per week. To lease a car through the Motability Scheme, you must have at least 12 months' award length of the HRMC DLA remaining.

Enhanced Rate Mobility Component of Personal Independence Payment (ERMC PIP)

As part of its welfare reform programme, the Government has started to replace Disability Living Allowance (DLA) with a new benefit called <u>Personal Independence Payment (PIP)</u> for disabled people aged between 16 and 64. The Motability Scheme works with PIP in the same way as is it does with DLA. For more information, go to <u>dwp.gov.uk/pip</u>. As of 12 April 2017, this allowance is £58.00 per week.

Ring and Ride

Ring and Ride is a door to door service for anyone living in the West Midlands that struggles to use conventional transport.

The service is ideal for disabled people who want the convenience of a door to door service. It operates 6 days a week from 8am to 10.30pm. This service is subsidised by Birmingham City Council.

Adult Learning Grant (ALG) for students who are 19+

To get ALG, you need to be 19 or over, and studying in England. Whether you are eligible also depends on the course you are taking, and your income. Applications can be made at the start of the course at the following contacts:

Telephone: 0800 121 8989. Website: www.direct.gov.uk

Care to Learn

Care to Learn provides financial support to young parents who want to continue their education or training and need support with the cost of their childcare, and associated travel. Care to Learn pays up to £160 per child per week to the childcare provider.

Telephone: 0800 121 8989. Website: www.gov.uk/care-to-learn

Residential Support Scheme

The Residential Support Scheme provides help with the accommodation costs of learners aged 16 and over, who need to live away from home to study because their course is not available locally. It covers Education Funding Agency and Skills Funding Agency Learner Support Responsive funded courses which must require more than 16 hours attendance per week and be of at least 10 weeks' duration. The course must be of a first level 2 or level 3 qualification.

Telephone: 0800 121 8989. Website: www.gov.uk/residential-support-scheme

2. Travel concessions which may be available

Public Transport Assistance

Birmingham has a comprehensive public transport network which includes buses, trains and metro. Network West Midlands is the new name that connects all public transport in the West Midlands metropolitan area. This includes Birmingham, Dudley, Coventry, Sandwell, Solihull, Walsall and Wolverhampton. It clearly identifies the complete network of bus, train and metro services.

Website: www.networkwestmidlands.com

The West Midlands Combined Authority is responsible for promoting and developing public transport across the West Midlands metropolitan area. They co-ordinate local transport information for Birmingham and publish bus timetables. This includes the Network West Midlands Map and Guide to Public Transport in Birmingham.

The Birmingham map shows all bus operators, routes, rail and metro services and the frequency of bus services. The bus map is available online at: http://www.networkwestmidlands.com/Maps/maps-home.aspx

A journey planner is also available on line at: www.networkwestmidlands.com or via the free NetNav and Net WM Apps.

The English National Concessionary Pass (for people with eligible disabilities)

The English National Concessionary Pass gives disabled people free travel by bus anywhere in England during off-peak times – between 9:30am and 11:00pm Monday to Friday and all day at weekends and on public holidays.

Residents of the West Midlands are also entitled to free train and Metro travel during these times. A pre 9:30am enhancement will be added to the concessionary card of eligible applicants aged 5-15 and those aged 16-18 in full time education. The enhancement is valid until the 31st August of the academic year the applicant turns 18. This will allow for travel before 9:30am.

You can apply for The English National Concessionary Pass by accessing the following link: https://www.networkwestmidlands.com/tickets-and-passes/disabled-persons-pass/

TRAVEL CARDS

The National Express West Midlands products available are 1 week and 4 week travel cards and Term Plus. These travel cards can be used all day, everyday on all Travel West Midlands buses during their validity, as many times as required. Term Plus is available by Direct Debit you can apply to join the scheme whenever you wish.

Telephone: 0121 254 6363. Website: www.nxbus.co.uk/west-midlands

For timetable information call Traveline on: 0871 200 22 33.

FOR FULL DETAILS ON THE TYPES OF PASSES THAT CAN BE PURCHASED PLEASE GO TO:

NETWORK WEST MIDLANDS WEB SITE: www.networkwestmidlands.com; and
NATIONAL EXPRESS WEST MIDLANDS WEB SITE: www.nxbus.co.uk/west-midlands

NATIONAL EXPRESS WEST MIDLANDS ALSO HAS A JOURNEY PLANNER AVAILABLE ON ITS WEBSITE WHICH ENABLES STUDENTS TO SEE WHICH PUBLIC TRANSPORT ROUTES THEY WOULD NEED TO USE TO TRAVEL FROM HOME TO THE SCHOOL OR COLLEGE THEY ARE ATTENDING. THE NEW NETNAY AND NET WM JOURNEY PLANNING APPLICATIONS ARE NOW AVAILABLE THROUGHOUT THE WEST MIDLANDS.

Contacts:

Travel Assist, People Directorate, PO Box 16541, Birmingham, B2 2DD Telephone: 0121 303 4955. Website: www.birmingham.gov.uk/school-travel

Adult Learning Grant (ALG):

Telephone: 0800 121 8989. Website: www.direct.gov.uk

Care to Learn

Telephone: 0300 303 8610. Website: www.gov.uk/care-to-learn

Department for Education

Telephone: 0800 121 8989.

Website: www.direct.gov.uk/en/EducationAndLearning/14To19/MoneyToLearn

National Express West Midlands, 51 Bordesley Green, Birmingham, B9 4BZ For live chat tweet: @nxwestmidlands. Website: http://nxbus.co.uk/west-midlands

Residential Support Scheme

Telephone: 0300 303 8610. Website: www.gov.uk/residential-support-scheme

West Midlands Combined Authority, PO BOX 9421, Birmingham, B13 3TR:

Telephone: 0345 303 6760. Website: www.networkwestmidlands.com