

Travel Training Referral Community Connecting

Please ensure that:

- The referral is completed with the customer
- All sections of the form are completed in full
- Please return completed forms to: west.cc@wiltshire.gov.uk

Please consider the points below.

Questions that need to be considered before a referral is submitted

Travel Training Considerations	✓
1. Is customer able to recognise road hazards and other dangers? Are they safety aware?	
2. Is customer able to recognise basic colours, letters, numbers?	
3. Is customer able to communicate to driver or able to use assistance cards? (provided by CC)	
4. Is customer able to follow step by step instructions? (including pictorial)	
5. Is customer able to physically negotiate stepping on/off kerbs/buses/trains?	
6. Is customer aware of own personal space?	
7. Is customer aware of his/her personal safety, security of belongings and appropriate social behaviour?	
8. Is customer able to make decisions or act upon pre-empted decisions?	

Benefits	Yes/No
Does customer have a Mobility Scheme Vehicle?	
Or in receipt of Mobility Scheme payment?	

Customer details		
Full name		
Date of birth	Liquid Logic ID	N I number
Address		
Contact number(s)		
Email address		

Referral Guidance

The responsibility for assessing suitability for service is with the referrer in the first instance.

Eligibility for service

- Young people 14 to 25 years of age with a My Plan or Statement of Special Education Need (SEN) or previously held a statement
- Has an assessed eligible need for this service (Care Act 2014)
- Identified under the following Reported Health Conditions
 - Learning Disability
 - Autistic Spectrum - Autism, Asperger's Syndrome, High functioning Autism
 - Physical Impairment - Acquired physical injury
 - Neurological - Stroke, Parkinson's, Motor Neurone's, Acquired brain injury
 - Sensory Impairment - Visually impaired – Hearing impaired

Adult Care/CTPLD customers are not eligible for travel training

For post-16 travel training to further education

A post 16 application form will need to be submitted to SEND Transport Team and Annual contribution (Post-16 Transport) will need to be paid

- Where gross household income is less than £20,819 a parental contribution of £300 per academic year will be required
- For all other students, a parental contribution of £650 per academic year will be required
- For students aged over 18 and who live independently the contribution will be assessed using the student's income, including benefits
- Payment can be made using a variety of methods; direct debit and credit/debit card payments and full details can be found on the application form
- **The contribution required is the same regardless of the type or frequency of the transport provided.**

Suitability for continued service

Service is not guaranteed. We will give 6 weeks from registration and if there is a lack of commitment the customer will be closed.

Specific support requirements? E.g. Assistive equipment	Key people in your support network and their contact details?

Details of current and/or previous travel training?

Organisation supporting	Route covered	From (dd/mm/yy)	To (dd/mm/yy)

Please tell us the reason(s) for agreeing to a travel training referral?
Include the route required (e.g. home to school/college)

Customer considerations for referral

What is the nature of your disability?	
What is the reported health condition? *See eligibility criteria, above	
How have you established you are ready to travel train?	
Are you in receipt of any benefits? e.g. Universal Credit, PIP, JSA, ESA, DLA or Housing Benefit	This information is needed for any bus pass application.
Do you receive a DP or Personal Budget? If yes, give details	
Is anyone else involved in your travel training?	

What is your current travel provision? e.g. taxi, parent, support worker	
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We must be made aware of any behaviour that may cause risk to the worker, the public, workplace colleagues or the customer themselves.

Be as specific as you can. We are bound by confidentiality and will only disclose where appropriate.

The referrer needs to consider all risks and make a well-informed decision about the customer's suitability.

If someone displays challenging or risky behaviour, it does not mean they will automatically be excluded from our service(s).

Does the customer display any challenging behaviour? If yes, please state risk(s)	
Has a risk assessment been attached to support this referral?	

Referrer details and considerations			
Name and contact details		Department	
		SEND Lead Worker	
		SEND/CYPDT Social Worker	
		Wiltshire College	
		Wiltshire Specialist School	
Customer age?	Are you still working with this customer?	Is the customer a high needs learner?	Is the customer able to cross roads unaided?
Does the customer have a My Plan or previously held statement?	Would you like to be included in the registration meeting?	How have you determined the customer is suitable for independent travel training?	

Cost and breakdown of current travel provision (detailing savings to the SEND budget)		

I have discussed this referral with the customer and I explained the declaration to them.		
Date	Referrer Signature	Date this referral was approved by panel

Customer Declaration			
<ul style="list-style-type: none"> • <i>I declare that the details given on this form are true to the best of my knowledge.</i> • <i>I understand that this referral is subject to a successful initial meeting and service criteria checks.</i> • <i>I understand that service is subject to regular review.</i> • <i>I understand that I will need to disclose full information relevant to assist in this process which will be retained by Wiltshire Council within the terms of the General Data Protection Regulation 2016 (GDPR) for service monitoring and I give consent for the information to be used in this way.</i> 			
Customer Signature:		Date:	
Verbal Agreement:			