

Students Aged 19 to 25

EDUCATION TRANSPORT APPLICATION

SPECIAL EDUCATIONAL NEEDS & DISABILITIES (SEND)
SOCIAL, EMOTIONAL AND BEHAVIOURAL DIFFICULTIES

June 2025



Passenger
Transport
Group

The Council will consider if it is necessary to make arrangements for the provision of transport pursuant to Section 508F of the Education Act 1996. The Council will consider each individual applicant on a case by case basis and if it concludes that such arrangements are necessary, the transport will be provided.

DETAILS OF PARENT, GUARDIAN OR CARER

MR / MRS / MISS / MS

FORENAME AND OTHER INITIALS

SURNAME

FULL POSTAL ADDRESS

POSTCODE

EMAIL ADDRESS

MOBILE TELEPHONE NUMBER

HOME TELEPHONE NUMBER

TRANSPORT START DATE...

DD

MM

YYYY

DETAILS OF PASSENGER

FORENAME AND OTHER INITIALS

SURNAME

DATE OF BIRTH

DD

MM

YYYY

COURSE (IF KNOWN)

EDUCATIONAL FACILITY NAME

CAMPUS (IF KNOWN)

Once a placement at an educational facility has been secured an application will need to be submitted and then assessed by the Passenger Transport Group.

To qualify for any travel assistance an application must be submitted for each individual applicant.

Where the Council has determined that it is not necessary to provide assistance under Section 508F of the Education Act, it may nevertheless, be appropriate to assess an individual who may be eligible for social care needs under the Care Act 2014. Any travel assistance identified within that process may be subject to a contribution.

If the applicant is aged lower than 19 years of age, an alternative form is available to complete at www.shropshire.gov.uk/the-send-local-offer/

Full details on eligibility and schemes available can be found at the above web address.

Once completed this form in full, please post to;

PASSENGER TRANSPORT GROUP
SHROPSHIRE COUNCIL
107 LONGDEN ROAD, SHREWSBURY,
SHROPSHIRE, SY3 9DS

Alternatively, email this form to;

special.transport.team@shropshire.gov.uk

WHEN MIGHT IT BE NECESSARY FOR THE COUNCIL TO PROVIDE TRAVEL ASSISTANCE FOR 19 TO 25 YEAR OLDS?

In determining whether the Council needs to provide assistance with transport, the Council will consider on an individual basis why it may be necessary for the Council and not the learner or family to make suitable travel arrangements. To determine whether transport may be necessary the Council will consider the following factors, please provide as much detail as you can.

1. Does the learner reside in Shropshire?

2. Does the learner have an Education, Health & Care Plan (EHCP) with details of their individual needs?

3. What other arrangements have been considered or tried and why are they not suitable?

4. What funding is available for transport from the institution (such as bursaries) that the learner is attending? (There is an expectation that these have been actively applied for)

5. Is there a family member that may be willing to transport the learner?

6. Does the learner have a journey to the educational or training institution that cannot be undertaken on public transport due to availability of public services or because of the learner's special needs or disabilities? (Please give details)

PASSENGER PROFILE

In order to assess your travel application we need to fully understand the needs and requirements of the passenger applying. Every applicant is unique and should your application be successful we would wish to meet those needs to ensure a safe and comfortable journey.

Please complete the form below with as much information as possible. We understand that the information you give us is confidential and we will only share relevant information with those who need to know.

PLEASE TICK WHERE APPROPRIATE ü

<input type="checkbox"/>	ADHD	<input type="checkbox"/>	ANAPHYLAXIS	<input type="checkbox"/>	ASPERGERS SYNDROME	<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>	AUTISM
<input type="checkbox"/>	CEREBRAL PALSY	<input type="checkbox"/>	COMMUNICATION DIFFICULTIES	<input type="checkbox"/>	DIABETES	<input type="checkbox"/>	DOWN'S SYNDROME	<input type="checkbox"/>	DYSPRAXIA
<input type="checkbox"/>	FRAGILE X SYNDROME	<input type="checkbox"/>	HEARING IMPAIRMENT	<input type="checkbox"/>	HYDROCEPHALUS	<input type="checkbox"/>	LOW MUSCLE TONE	<input type="checkbox"/>	MOBILITY DIFFICULTIES
<input type="checkbox"/>	SOCIAL, EMOTIONAL & BEHAVIOUR DIFFICULTIES	<input type="checkbox"/>	SUCTION	<input type="checkbox"/>	TUBE FED	<input type="checkbox"/>	UNABLE TO SPEAK	<input type="checkbox"/>	VISUAL IMPAIRMENT
<input type="checkbox"/>	OXYGEN REQUIRED ON TRANSPORT (PLEASE INCLUDE LITRES PER MIN)								
OTHER CONDITIONS THE PASSENGER HAVE ARE...									

DOES THE PASSENGER HAVE EPILEPSY?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

SEIZURE TYPE(S) ARE CALLED...
(I.E. TONIC, ABSENSE, PETIT MAL, PARTIAL ETC.)

BEFORE THE SEIZURE THE PASSENGER WILL...

DURING THE SEIZURE THE PASSENGER WILL...

HOW OFTEN DO SEIZURES OCCUR?

NORMALLY SEIZURES LAST FOR...

<input type="checkbox"/>	WHEELCHAIR USER— MUST REMAIN IN WHEELCHAIR	<input type="checkbox"/>	MANUAL	<input type="checkbox"/>	ELECTRIC
<input type="checkbox"/>	WHEELCHAIR CAN BE USED ON TRANSPORT BECAUSE IT HAS FIXING POINTS FOR RESTRAINT CLAMPS	<input type="checkbox"/>	WHEELCHAIR HAS A HARNESS		
<input type="checkbox"/>	WHEELCHAIR HAS A HEADREST FITTED	<input type="checkbox"/>	TO KEEP THE OCCUPANT SECURE WHEELCHAIR CAN BE FOLDED		
<input type="checkbox"/>	WHEELCHAIR USER— CAN TRANSFER TO A SEAT				
<input type="checkbox"/>	SOMETIMES TRY TO TAKE SEATBELT OFF BEFORE THEY SHOULD?	<input type="checkbox"/>	THE APPLICANT HAS TO WEAR A SPECIAL HARNESS TO PREVENT THEM GETTING OUT OF THEIR SEAT		
<input type="checkbox"/>	THE APPLICANT DOES NOT HAVE AN UNDERSTANDING OF ROAD SAFETY	<input type="checkbox"/>	THE APPLICANT IS UNABLE TO NAVIGATE STAIRS		

EMERGENCY CONTACTS

Please provide TWO contacts that you would like us to call in the event of an emergency. Please DO NOT list yourself as your details have already been collated on the front page.

NAME

NAME

RELATIONSHIP
TO PASSENGER

RELATIONSHIP
TO PASSENGER

ADDRESS

ADDRESS

MOBILE NUMBER

MOBILE NUMBER

CHANGES TO TRANSPORT

SOMETIMES WE WILL NEED TO MAKE CHANGES TO YOUR CHILD'S TRANSPORT DUE TO RETENDERING, REVIEW OR CIRCUMSTANCES BEYOND OUR CONTROL. PLEASE TELL US HOW WE CAN BEST MANAGE AND SUPPORT CHANGE FOR THE APPLICANT...

IS THERE ANYTHING MORE WE NEED TO KNOW?

PLEASE USE THIS SPACE FOR ANY INFORMATION THAT YOU FEEL WILL HELP THE DRIVER AND OURSELVES FOR ANY FUTURE TRAVEL PLANNING TO ENSURE THE JOURNEY IS AS SAFE AS POSSIBLE...

ADDITIONAL INFORMATION

Please be aware that Passenger Assistants are not immediately provided for each passenger. The decision on whether one is provided for a passenger will be made by the Passenger Transport Group based on the information provided. They are usually provided due to a medical need such as the administration of Rescue Medication (Buccal Midazolam) in the event of a prolonged seizure or due to the amount of passenger s on board.

Where it is considered that travel assistance is necessary it will be arranged in the most cost-effective way and will focus on support that will aim for or enable the learner to travel as independently as possible.

Transport is not provided to meet a learners individual timetable, including before or after college clubs, extra-curricular activities, exams or work experience/placements.

The information you have provided in this form will be used to create an individual Passenger Profile that will be sent to the allocated transport provider. As a parent, guardian or carer you will be responsible for making sure this information is kept up to date, if any information changes the Passenger Transport Group must be informed.

By signing the below you agree to the following.

- ◆ The information provided is true and comprehensive .
- ◆ The information can be used to create an individual Passenger Profile, the details enclosed within can be shared with the allocated transport provider(s).
- ◆ If any information changes regarding the passenger this form relates to you will inform the Passenger Transport Group as soon as possible. Failure to do so may put a passengers safety in jeopardy and transport may have to cease.
- ◆ You agree to a passenger assistant being allocated to the vehicle, should it be deemed necessary .
- ◆ You understand that transport provided is subject to change at any point the Council deems necessary.
- ◆ I give permission to store and process my data. This will be retained for a maximum of 6 years from receipt of this application.

Parent, Guardian or Carer signature:

Date: