

Camden Accessible Travel Solutions Application form

CATS Acceptance Criteria for SEN/D

Home to School Travel Assistance Policy dictates the acceptance criteria for Local authority Transport Assistance. Please refer to the policy on our website here www.camden.gov.uk/school-transport-sensory-needs.

We have summarised the key criteria below, to avoid time being spent on application that might not be approved, please ensure the applicant meets these criteria before making an application.

Does the applicant meet at least one of the following criteria, please tick which criteria you are applying under and complete the application form.

Acceptance criteria for a child and young person aged 5-25 in education	Please tick
Children living beyond the statutory walking distance from school. <ul style="list-style-type: none">• 2 miles or more for children below the age of eight, measured by the shortest walking distance between the home and the school• 3 miles or more for children aged eight and above, measured by the shortest walking distance between the home and the school.	<input type="checkbox"/>
Children who cannot reasonably be expected to walk to school due to unsafe walking routes.	<input type="checkbox"/>
Children who cannot reasonably be expected to walk to school due to special educational needs, disability, and mobility problems.	<input type="checkbox"/>
Children from low-income families who have extended rights to travel assistance to a choice of schools.	<input type="checkbox"/>

CATS referral form for adults and children

Type of referral:

New referral ☐

Changes to existing referral ☐

Specific concerns ☐

Section A: Client details

***This referral is for:**

A child (0-17) ☐

An adult (18+) ☐

*Name		*DOB	
*Full address (including postcode)			
*Telephone		Is an interpreter needed?	
Mobile		Language spoken	
Academic year group if applicable (e.g. Reception, Y1)	Please complete details if the client is a child.	*Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
*Name of parent/s or main carer/s	Please complete details if the client is a child.	*Consent given to referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address Contact number Email address Relationship to the child			
*NOK/Emergency contact Name	Contact 1	Contact 2	
Address Contact number Relationship to client			

Section B: Reason for referral and medical information

If you have ticked changes to existing referral, please provide detail (this must be transport specific)	<input type="checkbox"/> Change of home address <input type="checkbox"/> Change of venue (school/college/day centre) <input type="checkbox"/> Change in client's mobility <input type="checkbox"/> Other
* Is the client on Safeguarding register or under a safeguarding enquiry or protection plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
*Medical diagnosis Please list.	
Does the above medical diagnosis prevent the applicant from walking or travelling by public transport?	

If yes, please explain below. Please provide evidence from a medical professional (for example a MOSAIC report, or a report from a hospital specialist). The evidence must explain what the impact of the difficulty is on their ability to access public transport.			
Do they have mobility difficulties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the client a wheelchair user, buggy user, or are any other mobility aids used?	Please specify what mobility aid they use.
*Please provide the following documents with this referral, if applicable.	<input type="checkbox"/> EHC Plan or Statement of Special Educational Needs <input type="checkbox"/> Social Care Plan <input type="checkbox"/> Medical and Health Care Plan <input type="checkbox"/> Other Please tick all that applies. If you have selected other, please specify.		
*Is there an emergency protocol in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide		
Other relevant information: (e.g. behavioural, cultural, social, home environment, parking, communication) This section is mandatory if clients are completing this form for change of circumstance. Please provide details of change of circumstance.			
Other professional services involved.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name & contact details (if known)	

Additional information:

Are you currently receiving any form of travel assistance from Camden Council? If yes, please specify.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be interested in travel training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in receipt of any of the following? If yes, please confirm: <input type="checkbox"/> Disability Living Allowance <input type="checkbox"/> Care <input type="checkbox"/> Mobility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or if the person you are making the application for receive Disability Living Allowance for their care needs? If yes, please confirm the rate: <input type="checkbox"/> lower rate <input type="checkbox"/> middle rate <input type="checkbox"/> higher rate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a mobility car?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section C: Venue Information

*Name		Telephone	
*Address		Email	
		Web address	

			Contact person (e.g. teacher or day centre manager)				
Days attending	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>	Sunday <input type="checkbox"/>
Start time:							
Finish time:							
Start date:							

Section D: Only complete this section if the person applying meets the home to school travel assistance criteria

Are you making this application under the walking distance criteria? If yes, what is the walking distance from home to school using Google Maps? This will be measured by using the shortest route to the destination according to Google Maps.	<input type="checkbox"/> Yes <input type="checkbox"/> No Distance in miles. _____
Parent/carer families: is one parent/carer living at the same address registered as disabled? <i>If yes to either question, please provide supporting documentation. The evidence should show how your condition affects your ability to take your child to school or nursery.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/carer responsibility			
Are you able to transport your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can another responsible adult transport your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain why you feel it is not possible to organise necessary travel arrangements.			

Childs Special Needs		
Please tick all needs that apply.		
Speech/language difficulties <input type="checkbox"/>	ASD (Autistic Spectrum Disorder) <input type="checkbox"/>	ADHD (Attention deficit and hyperactive disorder) <input type="checkbox"/>
Dyslexia <input type="checkbox"/>	SEMH <input type="checkbox"/>	
Hearing impairment <input type="checkbox"/>	Visual impairment <input type="checkbox"/>	Physical difficulties <input type="checkbox"/>
Other (please specify)		
Please describe how your child needs affect their ability to travel independently to school.		
Please describe how your child's needs prevent you from transporting them to school.		

Child Mobility and Communication Needs		
Does your child require any of the following specialist facilities or equipment? Please tick.		
Head restraint <input type="checkbox"/>	Wheelchair <input type="checkbox"/>	Visual support <input type="checkbox"/>
Audio support <input type="checkbox"/>		
If child is a wheelchair/buggy user, please provide wheelchair/buggy make and model		
Make:	Model:	
Can Child safely transfer independently from their wheelchair to a regular seat without assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Assistance requirements	
Can your child travel independently in a vehicle with someone trained and enhanced DBS check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are you willing to act as an escort?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section E: Declaration:

I declare that to the best of my knowledge the information I have given is correct and complete. I will advise the authority of any changes to these details. I confirm that the information I have provided may be shared with an authorised provider so that safe and appropriate travel support can be provided.

Name	
Signature	
Date	

Section F: Referrer's details if completed by professional agency

*Name		*Department	
*Job title		*Cost centre code	
Referrer's office address		*Referrer's telephone & email	
*Signed		*Date	
Any relevant reference number applicable to client			

***Fields marked with an asterisk are mandatory. Please make sure you have completed all of these sections – failure to do so will delay the referral process.**

Section G - For office use only

For SEN use only	
Date received	
Date decision made	
Transport agreement letter completed sent to applicant. Attach copy for CATS	
EHC Plan/Supporting evidence/Reports	

For CATS use only	
Date received	
Date sent to OT for Risk Assessment	
Date decision made	
Applicant notified	
Date Travel Solution arranged if applicable	

REFERRAL GUIDANCE NOTES

Camden Accessible Travel Solutions (CATS) work with children, young people and adults who have special needs or a medical condition which impacts their ability to travel independently.

We provide transport for eligible persons to their place of education and day centres and return home.

Completing this form does not guarantee that assistance will be offered. All applications will be considered individually and provision will be agreed on an annual basis.

The following are not taken into account when considering applications or arranging transport:

- a parent's work or child care arrangements
- taking other children in the family to and from school

Application Process:

- All applicants should complete Sections A, B, C, and E; Section D should only be completed, if applying under Home to School Transport Policy.
- Clearly state referral reasons and current travel challenges.
- Include parent/carer consent for child applicants.
- Provide relevant parent/carer/home environment information.
- Submit all required supporting documents; incomplete forms won't be processed or will cause delays.

Other relevant Information:

If completing the section based on the individual's behaviour;

- Describe behaviour, occurrence, impact, and associated risks, including to adults and other passengers.
- What environmental changes or adaptations are required and what has already been tried?
- Include Teaching Assistant/Passenger Assistant details and bus/round number if known.

Review or change of circumstances;

- Detail significant changes since the previous assessment.
- Explain reasons for review and any identified health/safety concerns.

Data Protection

Your personal information will be held and used in accordance with the requirements of the Data Protection Act 1998. We have a duty to protect the public funds we administer and may use the information you provide for the prevention and detection of fraud. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Submission:

- Parents/carers or young person applying under the Home to School Travel Assistance Policy, should send completed forms to Special Educational Needs (SEN) Team by email on **SEN.enquiries@camden.gov.uk** or by post to **SEND Service, SEN Team, 5 Pancras Square, London Borough of Camden N1C 4AG**
- Eligible adults can directly email forms to cats_referral@camden.gov.uk, providing proof of eligibility or send it to their Social Worker/Support Worker to refer it to CATS with the appropriate documents.

Next Steps:

If sent to SEN/D or Adults Services, that team will check the eligibility criteria is met and email the referral form to **cats_referrals@camden.gov.uk** along with all the supporting documents and the transport agreement form.

CATS team will assess eligibility and process the application upon receipt of completed documents. This can take up to 6 weeks from when the completed application is received by CATS.

