

# Home to School Transport - Independent Travel Training

## Application

Kindly complete the form to the best of your ability and knowledge. Once finished, please submit the form to [traveltraining@n-somerset.gov.uk](mailto:traveltraining@n-somerset.gov.uk) or print and post to Home to School Transport Team, Castlewood, Clevedon, BS21 6FW.

<b>Name of young person:</b>	
<b>Male/Female/ Nonbinary:</b>	
<b>Date of birth:</b>	
<b>Home address:</b>	
<b>Primary contact number:</b>	
<b>Emergency name and contact number:</b>	
<b>Email address:</b>	
<b>Young person's mobile:</b>	
<b>Current school/college:</b> <i>Include the School Postcode</i>	



<p><b>Referred by</b> <i>(If Applicable):</i></p>	
<p><b>Please state the journey the young person needs to learn:</b> <i>Include the day and time.</i></p>	
<p><b>Medical information:</b> <i>Include any allergies.</i></p>	
<p><b>Additional information:</b> <i>Sensory/physical disabilities</i> <i>Behaviour</i> <i>Phobias</i></p>	
<p><b>Does this person currently receive school transport?</b></p>	Yes / No
<p><b>How does this person currently get to school/college?</b></p>	

<p><b>Can this person:</b>  <i>Use a light controlled and/or pedestrian crossing?</i></p> <p><i>Cross streets safely, without using a recognised crossing?</i></p> <p><i>Learn to remember routes and directions?</i></p> <p><i>Read a bus number/destination?</i></p> <p><i>Request help from an appropriate source?</i></p> <p><i>Deal appropriately with strangers?</i></p> <p><i>Maintain their own personal safety?</i></p>	
<p><b>Any other information:</b></p>	

**For Office Use Only –  
 Application received and processed by:**

<b>Independent Travel Trainer:</b>		<b>Date:</b>	
<b>Transport Planning Officer:</b>		<b>Date:</b>	