**Independent Travel Training – Referral Form**

To refer a child/young person to Independent Travel, this form must be completed – please use N/A if a question is not applicable for this referral . Any information that you provide is confidential and will only be used to accurately process the child/young person’s referral efficiently. PN link to be added here

**All boxes must be answered.**

|  |  |
| --- | --- |
| Child/Young Person’s Name: | Date of Birth: Click or tap to enter a date. |
| Address:  Postcode: | **Emergency Contact** |
| Name: |
| Relationship: Please select |
| Mobile No: |
| Telephone No: |
| Mobile No: | Type of accommodation:  (e.g.; supported tenancy, lives with family) |
| CLA Status: |
| Gender:Please select | Ethnic Origin: Please select |
| Religion: | 1st Language:  Is an interpreter required? Please select |
| Referral made by: Please select | |
| Primary Need (as stated on Educational Health Care Plan (EHCP)):Please select | Secondary Need (as stated on EHCP – if applicable): Please select |
| Do you have any medical conditions we need to be made aware of? Please select  (If yes, please give details) |  |

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| **Please tick if the Child/young person has any of the following:** |
| Educational Health Care Plan  Personal Education Plan  Other Care/ Support Plan  Any underlying medical conditions  Other  \*Please attach copies of any relevant documentation |

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| **Prior to our Home Visit, are there any risks or incidents that we should be aware of;**  **(e.g.: dogs)** Please select |
| \*If yes, please give as much detail as possible. |

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| **Are there any factors that we should be made aware of to help inform our risk assessment? (For example, flight risk when scared or anxious?)** Please select |
| \*If yes, please give as much detail as possible. |
| For office use only: |

|  |  |
| --- | --- |
| **Parent/Carer(s) Contact Details:**  Name:  Number:  Email: | Is this child/young person eligible for travel assistance from the Local Authority:  Please select |
| Current School: Please select | Is this child/young person  currently accessing travel assistance from the Local Authority:  Please select |
| If **yes**, please state annual cost: |
| **Independent Travel Required**  **TO:** | **FROM:** |

**Has the child/young person:**

|  |  |
| --- | --- |
| Ever walked to a destination alone i.e.. local shop or a relatives? | Please select |
| Travelled independently via public transport? | Please select |
| Applied for independent Travel Training before? | Please select |

**Does this child/young person:**

|  |  |
| --- | --- |
| Have any physical restrictions? | Please select |
| Have any allergies or underlying health conditions? | Please select |
| Have any fears or phobias? | Please select |
| Display any verbal or physical aggression? | Please select |
| Have a bus pass? | Please select |
| Have any criminal convictions or cautions? | Please select |

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| **If you have ticked yes to any of the above, please provide more detail in the box below:** |
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| **Please use this box to give any other information that you feel is important for our records, this could include the best way to interact with the child/young person, any likes/dislikes or triggers you feel would be helpful for us to know:** |
|  |

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| --- | --- |
| Referral agency: | Please select |
| Name of referrer: |  |
| Relationship to Child/Young person: |  |
| Job Title: |  |
| Contact No: |  |
| Email Address: |  |

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| --- | --- |
| Referrer’s signature: |  |
| Date: | Click or tap to enter a date. |

|  |  |
| --- | --- |
| Child/Young Persons signature: |  |
| Date: | Click or tap to enter a date. |

**\*Please return the completed referral form by email to**

[**independenttravel@swindon.gov.uk**](mailto:independenttravel@swindon.gov.uk)