

Passenger Application - Private Contract Services

Operator: Passenger Transport Unit

For office use only

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BEFORE COMPLETING THIS FORM, PLEASE READ THE IMPORTANT TERMS & CONDITIONS ATTACHED

Date stamp

SECTION 1 STUDENT DETAILS

Student surname

Male

Student first name

Female

Student date of birth

DAY MONTH YEAR

Age at 01/09/2018

Home Address

House Name/Number Street

Village/Town Post Code

County (Authority who Council Tax is paid to) Contact No

Email Address

SECTION 2 SCHOOL / COLLEGE

School/College to be attended Year Group

Course Title Course Attended Full Time Part Time

SECTION 3 PASSENGER SERVICE REQUIRED

Service Required : From To

SECTION 4 STUDENT DECLARATION

As the pupil passenger referred to within this application form, I acknowledge the Pupil & Parent Contract document and will adhere to this at all times. I understand this will be both the Terms and Conditions of my travel on the vehicle provided by Monmouthshire County Council and any failure to do so may result in the withdrawal of the service.

Student signature:

Date:

SECTION 5 SPECIAL REQUIREMENTS FOR PASSENGERS

Does the student/applicant have a statement of educational needs?

Yes

No

If yes....

Awarding Authority

Review date

Special education and/or medical needs (please tick to specify)

Please indicate the nature of your child's special educational needs:

Learning difficulties	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>
Social, Emotional & Behavioural difficulties	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>
Speech and language difficulties	<input type="checkbox"/>	Physical or medical Impairment	<input type="checkbox"/>
Additional disclosures /comments:			

I have enclosed medical supporting information from the GP, Health consultant or professional body

Yes

No

I have enclosed the annual review of the Statement (applied to pupils in schools who have a statement of special needs)

Yes

No

I have enclosed an up to date report from children services (if applicable)

Yes

No

I have enclosed an up to date report from adult services (if applicable)

Yes

No

I have enclosed an up to date report from health services (if applicable)

Yes

No

I have enclosed an up to date report from the college attended (for continuing pupils where applicable)

Yes

No

Transport Equipment requirements (please tick to specify)

None	<input type="checkbox"/>	Travels in wheelchair/buggy	<input type="checkbox"/>
Infant seat	<input type="checkbox"/>	Transfers from folding wheelchair to vehicle	<input type="checkbox"/>
Booster seat	<input type="checkbox"/>	Travels in an electric wheelchair	<input type="checkbox"/>
Crelling Harness	<input type="checkbox"/>	Takes a folding buggy in vehicle	<input type="checkbox"/>

Specialist healthcare whilst on transport

If your child has a specialist healthcare need, this service will consider and decide if a risk assessment or additional assistance is required on ECC transport. This will ensure that your child's individual healthcare needs are suitably supported and appropriately managed by operator staff.

Please confirm if your child has any of the following by ticking the appropriate box:

Epilepsy	<input type="checkbox"/>	Use of oxygen	<input type="checkbox"/>
Administration of Emergency medication	<input type="checkbox"/>	Oral or nasal suction	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Gastrostomy feed	<input type="checkbox"/>
Anaphylaxis (allergic reaction/severe allergic reaction)	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Has a travel risk assessment been undertaken in the last 2 years

Yes

No

If yes....

Risk Assessing Officer:

Date undertaken

SECTION 6 PAYMENT FOR PROVISION

Parental contribution required :

 £475.00

Assessment Date

The cost for the private contract provided will be **£475.00 per passenger** .
As a condition of travel, no refund or pro rata calculation will be made for non attendance during the academic year.

The contract will operate from 03/09/2018 to 22/07/2019 (or otherwise during the school operational times). The transport service will operate an AM and PM service and at timings consistent with Home to School Operations.

The Passenger Transport Unit withholds the right to withdraw any offer of award (passenger seat) or service provision entirely through non payment

An invoice for £475.00 will be generated at which stage a payment plan will be available through our Sundry Debtors Department.

I undertake to notify the Council immediately, in writing, of any changes to the above – or should the agreement need to be terminated. A re-assessment of any outstanding costs due will be undertaken from the date by which this notice and the pupils bus pass is received.

All data will processed and stored in line with the General Data Protection Regulation.

SECTION 7 PARENT CARER DECLARATION

I hereby declare that:

- a) The information given on this form is accurate and complete to the best of my knowledge and belief.
- b) I agree to pay the costs of service at £475.00 in full
- c) I will support the Authority & Passenger Transport Unit in upholding the Travel Behaviour Code/Rule Book and Pupil Parent contract and acknowledge these as Terms and Conditions of Travel

Surname

Forename

National Insurance Number

Invoice Address

House Name/Number Street

Village/Town Post Code

Email Address Contact No

Relationship to pupil

Signature Date

