**Home to School Travel Assistance Stage 2 Appeal Form**

Please complete this form if your appeal at Stage 1 has been upheld and you have received a travel assistance refusal letter that is dated within the last 20 working days, **and** you wish to appeal against the Council’s travel assistance offer or decision to refuse travel assistance for children of statutory school age (5-16) or post 16 students (16-25).

Provide as much detail as you can about:

* any personal and / or family circumstances
* why you feel that your case is exceptional
* home to school or college routines
* your child’s living arrangements
* alternative means you have explored for getting your child to school or college
* how other members of your family are affected
* flexibility of working roles – e.g. working hours, location, responsibilities
* any parent / carer / other family member’s disability relevant to your case – backed up with recent professional evidence
* any outside support received by the family – carers, social workers
* anything else you consider may be relevant to your case

The more information you provide, the easier it will be for us to reach a decision. If you do not provide enough information your appeal could be refused.

Details of the appeals process can be found in the [Pre 16 Home to School Travel Assistance Policy 2023-24](https://www.derby.gov.uk/education-and-learning/derbys-send-local-offer/travel-transport/home-to-school-travel/#page-1) which you can access on our website. We advise that you read this before submitting any appeal.

Please submit your appeal within 20 days of receiving your eligibility decision. Within 40 working days of receipt of your appeal, an independent appeal panel will consider your information as well as information provided by officers involved in the case. You will also be invited to attend the panel meeting in person. If you are late in submitting your appeal this will make your appeal invalid. If you need any help with this form, you can contact SENDIASS (details at the bottom).

Within 10 working days, you will be notified, by email of the outcome of the review, including information about your rights to make an official complaint to the Council and if you remain unhappy, how to refer the matter to the Local Government Ombudsman.

Please note that you **cannot** appeal just because you disagree with the policy.

PLEASE COMPLETE THE FOLLOWING SECTIONS IN **BLOCK CAPITALS**

**CHILD’S DETAILS**

Forename Surname

Date of Birth

**HOME ADDRESS**

Postcode

**CHILD’S SCHOOL/COLLEGE**

School/College

**DETAILS OF PERSON COMPLETING THE FORM** Title

Forename Surname

Relationship to Child

Tel. No. Mobile No.

Email Address

**Please note that by providing an email address we will attempt to contact you using secure email Egress. You will need to set up an Egress user account in order access your emails securely.**

**Please answer the questions below as fully and accurately as possible.**

|  |
| --- |
| **FAMILY CIRCUMSTANCES**  How many parents/carers have parental responsibility for your child?  Do they all live at the child’s main home address? Yes No  If no, then please provide details of their circumstances e.g. step-parents / birth parents, where they live and their availability to support your child’s attendance at school.  Do any of the parents / carers have a disability? Yes No  If ‘yes’, please outline how this impacts on your family’s ability to make sure that your child attends school/college:  Do all of the parents / carers have work commitments? Yes No  Work commitments are not considered to be exceptional circumstances, however, please outline what commitments are affecting your family’s ability to facilitate your child’s attendance at school/college. Please include details on your family working patterns and any flexibility that you may or may not have. If you believe that the type of job that you do might affect the situation, please provide details:  How many other children live in the family home?  Please confirm their ages, which schools they attend and how they get to school currently:  Do any of your other children have SEND? Yes No  If ‘yes’, please provide their names and details: |
| **USING A MILEAGE ALLOWANCE**  Do any of the child’s parents/carers have access to a vehicle?  Yes No  If yes, can this be used to transport the child to/from school?  Yes No  If ‘no’, please provide details why:  Do you have any other family or friends, available to help with journeys to school, possibly with the support of a mileage allowance?  Yes No  Please provide details:  Have you explored combining a Personal Travel Budget (PTB) with other families of children attending the same school e.g. funding a shared taxi or parental car share? **(POST 16 ONLY)**  Yes No  The Council expects families to look at all options available to them when using their PTB payments Have you explored any other travel options? **(POST 16 ONLY)**  Yes No  If ‘yes’, what are these and why do you think they will not work with your PTB? If ‘no’, why not? |
| **INDIVIDUAL REQUIREMENTS**  Does your child require specialist transport e.g. an adapted vehicle, when travelling to other places outside of school/college e.g. for shopping, medical or recreational purposes?  Yes No  If ‘yes’, please outline the details:  If you take your child out in a family car, do you **always** need another adult (other than the driver of the car) present to support your child’s needs?  Yes No  If ‘yes’, please provide details why:  Are there any reasons why your child could **not** share with another student in a vehicle?  Yes No  If ‘yes’, please provide details:  Are there any other circumstances that you feel affect your family’s ability to make sure that your child attends school/college even with a PTB? **(POST 16 ONLY)**  Yes No  If ‘yes’, please provide details. |
| I declare that the information given is complete and accurate to the best of my knowledge. I understand that failing to do so or providing false information may make this appeal invalid.  Signed: Date:  You can view our full Children and Young People – privacy notice online at <https://www.derby.gov.uk/site-info/privacy-notices/a-z/children-and-young-people/>  This privacy notice explains how your personal information is going to be used, what for, who it might be shared with and why.  The information you provide helps us to make decisions about eligibility for travel assistance and to support you and your child.  Please submit this appeal form together with any supporting evidence via email. You are advised to send this securely via Egress.  You can email the form to [SchoolTravelAppeals@derby.gov.uk](mailto:SchoolTravelAppeals@derby.gov.uk)  You can get advice and support on the appeals process and completing this form from:  SEND Information Advice and Support Service (SENDIASS Derby)  Email: [Derby SEND | Information & Advice Support Service (SENDIASS) (derbysendiass.org.uk)](https://derbysendiass.org.uk/)  Telephone: 01332 641414 |