



Travel Training Referral Form

Return your completed form to SENDTransport@wokingham.gov.uk

Date of referral					
Young person's name					
Young person's address					
Gender		DOB		Age	
Parent/carer contact details					
Name					
Relationship to young person					
Mobile number					
Email					
Parental Consent given by:					
Referrer contact if not parent/carer					
Name					
Organisation					
Email					
Phone number					

About the Young person

Does the young person have an EHCP? Yes No

What School/College/Training provider are or will they be travelling to

Please indicate if any of the following apply;

Social, emotional, or mental health difficulties

Communication difficulties

Speech and Language difficulties Learning Difficulties

Hearing Impairment Visual Impairment

Physical or mobility difficulties



Other (please specify) and do they require any aids

Is the young person a wheelchair user? Yes No

If yes please describe type, e.g. manual/electric etc.

Please provide some information about students learning or behaviour needs including any effective management strategies.

Please answer the questions below to the best of your ability. None of these are a pre-requisite to the young person being accepted onto the programme;

Has this person had any previous travel training.	Yes		No	
Can the young person recognize the dangers of crossing the road	Yes		No	
Can the young person use a pelican/pedestrian crossing	Yes		No	
Can the young person learn to remember routes and directions	Yes		No	



Can the young person travel by bus with support	Yes		No	
Can the young person read a bus number	Yes		No	
Can the young person travel on foot unescorted	Yes		No	
Is this person able to request help from an appropriate source	Yes		No	
Is this person able to maintain their own personal safety	Yes		No	
Is this person able to deal appropriately with strangers	Yes		No	
Does this person have any physical problems that may restrict their ability to travel	Yes		No	
Does this person have any allergies or phobias	Yes		No	
Does this person have any behavioural problems that may restrict their ability to travel independently	Yes		No	

Are you aware of any identifiable risks to a lone worker undertaking a visit to the family home?

Please supply any further information relevant to this application and including if the young person requires any medication whilst travelling for example: for epilepsy/asthma/anaphylaxis and attach any care plans if available



Travel Training Agreement

By completing this referral form and signing the agreement you are confirming that you agree to follow our own Safeguarding and Child Protection/ Vulnerable adult policies and procedures whilst on our Independent Travel Training programme. A copy of this is available on request.

Young person and parents understands the details of the Travel Training programme.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Young person and parents are aware of the risks of Travel training.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Young person and parents agrees to have the learners photograph taken and used to help promote travel training more widely and to help develop resources for other learners.	yes <input type="checkbox"/>	No <input type="checkbox"/>
Young person and parents agrees to the travel training programme as proposed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Proposed start date for training

Young person signature		Date	
Parent/carer signature		Date	
Referrer signature		Date	