Independent Travel Training Referral

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| Candidate’s name: | Date of birth | Gender |
| Candidate’s home address |
| Home contact name: | Tel no: |
| Emergency contact name/relationship. | Tel no: |
| Name of school/college | Tel no: |
| Referred by: | Position: |
| Reason for referral: |

If the referral has been made by a professional:

* Is the parent/carer aware that the candidate has been referred for travel training Yes/No
* Is the parent/carer supportive of the candidate’s participation in travel training? Yes/No Is there a Child Protection Plan in place? Yes/No

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| Details of Specialist Staff supporting the candidate |
| Child and Adolescent Mental Health Services (CAMHS) |  |
| Social Worker |  |
| Occupational Therapy |  |
| Speech & Language Therapy |  |
| Other groups |  |

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| **Special Educational Needs and Disabilities**Please provide details of the young person’s needs and disabilities. |
| Autistic Spectrum Disorder |  | Physical Difficulties |  |
| Behaviour, Emotional & Social Difficulties |  | Visual Impairment |  |
| Specific Learning Difficulties |  | Hearing Impairment |  |
| Moderate Learning Difficulties |  | Multi-Sensory Impairment |  |
| Speech, Language and Communication Needs |  | Other Difficulty/Disability |  |

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| **Ethnic Group**We would be grateful if you could complete this section to indicate the young person’s ethnic background. This will be used to provide statistical data for monitoring purposes. Please tick the appropriate box: |
| **White** | **Asian/ Asian British** |
| White British |  | Indian |  |
| Irish |  | Pakistani |  |
| Gypsy, Traveler or Irish Traveler |  | Bangladeshi |  |
| Any other White background |  | Chinese |  |
|  |  | Any other Asian background |  |
| **Mixed/ Multiple ethnic groups** | **African/ Caribbean/ Black British** |
| White and Black Caribbean |  | African |  |
| White and Black African |  | Caribbean |  |
| White and Asian |  | Any other Black/ African/ Caribbean background |  |
| Any other Mixed/ Multiple ethnic background |  | Any other ethnic group – please give details |  |

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| Signed: | Tel no: | Date: |

Please send form to:

Colin Hagreen Cognus Limited

SEND Transport Manager

24 Denmark Road, Carshalton, SM5 2JG 020 8323 0460

sen.transport@cognus.org.uk