

EHM

Tel:
Fax:**Transport Request Form****Details of Dave Dave, 2 yrs 11 mths**

Family Name	Dave	Given Names	Dave
Actual DOB	05-Apr-2016	Gender	Male
Ethnicity		Primary Language	
Case Number	2026647		
Primary Address	5 Meadows Close Hazel Grove Stockport SK7 4JX	Telephone	
		Mobile	
Originating Team	Social Care		
Eligibility to Travel	Home to School		
What type of request?	Change		
Originator Contact number	35842387253		
Date	06-Jul-2018		
Auth. Officer	Simon Gates		
Policy Exception	No		

Pupil Details

Full Name	Dave Dave
DOB	05-Apr-2016
Address	5 Meadows Close Hazel Grove Stockport
Postcode	SK7 4JX
E-mail	
Mainstream or SEND?	Mainstream
Independent Travel Training From year 9?	Yes
Cared for child?	Yes
Which LA?	Barnet
Service Area	Social Care

Parent/Carer Details

Titles	Mr
Guardians Name	
Relationship to Child	
Telephone Number	

Trip Details

Days Required	Monday Tuesday
Start Date	06-Jul-2018
End Date	07-Jul-2018
Review in	
Type of School	Special School

From	5 Meadows Close Hazel Grove Stockport					
To						
Areas of SEND						
Primary Special Need	Moderate Learning Difficulty Autistic Spectrum Disorder					
Passenger Assistant	Yes					
Additional Information						
Able to share transport?	Yes					
Does child/young person receive medication?	Yes					
Additional Info						
Child Seat?						
Is this child/young person independently Mobile?	Yes					
Is the child/young person a wheelchair user	Yes					
Type of Wheelchair?	Manual					
Model of Wheelchair	Model of Wheelchair					
Ability to Weight bear?	Yes					
Additional Information	Additional Information					
TSS						
Which travel alternatives have been considered?	Direct Payment					
Reasons for final decision?						
Meet and Greet Identified	New Driver					
Meet and Greet to be completed by	Simon					
Details of Meet & Greet and any actions	Details of Meet & Greet and any actions					
Date Operator Confirmed Meeting Progress Complete	Date Operator Confirmed Meeting Progress Complete					
Contract Number:	242346436					
Operator Name	sfdefe					
Contract Number 2:						
Operator Name 2						
How many child/young person travelling?						
Cost Table	Start Date	End Date	Next Review Date	Contract number	Service Type	Contract Daily Cost
				Contract 1	Direct Payment	