

## Transport awards — For NEW students over 16

Application form for travel for new students aged between 16-19 starting full-time courses in September 2011

**Please note that there is now a charge for Post 16 Transport**

**Please read the notes when you complete this form**

Any personal data entered on this form may be held on computer files

**Closing date for the academic year 2011/2012**

**1st August 2011**

**Please note-**

**If we receive forms after this date, we cannot guarantee transport will be arranged for the start of the term.**

### Part A (To be completed by all students)

1. Surname

2. First Name(s)

3. Title Mr  Mrs  Miss  Ms

4. Marital Status

5. Date of Birth Day   Month   Year   6. Age you will be on the 1st Sept 2011

7. National Insurance Number

8. Country of birth

9. (a) Home Address   
  
  
 Post Code

(b) Telephone Number (including STD code)

(c) Which Borough/District do you/your parents pay council tax to?

(d) Have you always lived at the address stated in 9(a)? Yes  No

If NO please state the date you started to live there Day   Month   Year

(e) If less than 3 years give previous address(es) and date(s) of residence from 1.9.200

Address	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### OFFICE USE ONLY

Acknowledged

Registered	Date	<input type="text"/>
	Initials	<input type="text"/>

Residence	<input type="text"/>
Age	<input type="text"/>
Course	<input type="text"/>
College	<input type="text"/>
Progression	<input type="text"/>
Fully completed form	<input type="text"/>
Nearest Establishment	<input type="text"/>
Mileage/Dangerous Routes	<input type="text"/>
Denominational	<input type="text"/>
Entitled to free transport	<input type="text"/>
Date & Initials	<input type="text"/>



**Part C Payment options– To be completed by parent(s) / guardian(s) or student if independent**

The following charges now apply for Post 16 Transport, unless you receive certain qualifying benefits. The payment amount is dependant on which college/school the pupil attends-

Band 1	Post 16 Schools & Colleges within Thurrock	£330.00 per year
Band 2	South Essex College Basildon & Southend Campus	£760.00 per year
Band 3	Post 16 Schools & Colleges outside Thurrock	£1270.00 per year

**Benefits** — If you are in receipt of qualifying benefits, please complete Part D

**Please tick the following options of how/when you would like to pay**

Please tick how you would like to pay-

Please tick when you would like to pay-

**Standing Order**

**Monthly Payment**

**Pay Point / Payzone / Post Office**

**Quarterly Payment (Every three months)**

**Debit / Credit Card**

An annual invoice will be sent to you from Thurrock Council when payments are due  
Please read terms and conditions thoroughly

Please print the name of the person who will be invoiced

**Part D Benefit Details (To be completed by yourself / your parent(s) ONLY if in receipt of benefit)**

Please tick which benefits you are currently in receipt of-

- Income Support (IS)**
- Income-related** (not contribution based) **Job Seeker's allowance (IBJSA)**
- Income-related Employment and Support Allowance**  
The **Guarantee** element of the State Pension credit
- Child Tax Credit** (where there is **NO Working Tax Credit**) AND the **total household income**, as assessed by the Inland Revenue, that does not exceed **£16,190**.
- Financially supported by NASS (National Asylum Support Service).

**Please note that if the benefit you are in receipt of is Child Tax Credit ONLY, we require a copy of your award letter in order to process your application correctly. All pages will be needed. If you are in receipt of any other benefits, we will not require any evidence from you unless specifically requested by this department, as applications will be verified through the EGC checking service link to the DWP.**

**Details of Claimant**

**Please complete ALL details**

Surname: .....

Date of Birth

First name: .....

National Insurance Number or NASS Number

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**Details of Spouse/Partner (to be completed if you live at same address)**

**Please complete ALL details**

Surname: .....

Date of Birth

First name: .....

National Insurance Number or NASS Number

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**Part E Declaration**

**You and your parents (if applicable) must fill in this section**

This Authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

I have not previously applied to Thurrock Council for travel for the year beginning 1 September 2011.

I authorise Thurrock Council to make enquiries about the validity of the information provided on this form from other central and/or local government bodies, as deemed appropriate by the Authority, and hereby consent to the disclosure of any information sought in accordance with the foregoing for the purposes of the Data Protection Act 1998.

The contribution (if applicable) to transport is still applicable even if I join the scheme part way through.

I understand that if I miss a payment to Thurrock Council for Post 16 Transport, Thurrock Council have the right to withdraw transport **immediately**.

I understand that if I change address, if my benefits cease, or any other details change, I **MUST** advise Thurrock Council immediately to inform them of these changes.

I certify that the information provided is to the best of my knowledge correct and complete. I understand that I will be liable for any costs incurred in providing transport for the student, should I fail to inform the Education Awards Department of the termination or changes to my benefit.

**Behavioural Agreement**

We acknowledge that should my/the student's behaviour be deemed inappropriate, Post-16 transport will be suspended or withdrawn.

1. Student

Signed  Date

2. Parents/Guardian

Signed (Father)  Date

Full Name (Father)

Signed (Mother)  Date

Full Name (Mother)

**Part F: Please attach a copy of your offer letter to your application.**

**Office use only**

**Alternatively, if this is not available to you, your college or 6th form school must fill in this section before the form is returned.**

**To be completed by school/college**

1.(a) The student has been offered and accepted a provisional/definite place on the course shown in part A question 11.

(b) The student's course does not receive any funding, for example from the European Social Fund or Essex Training and Enterprise Council

2.(a) Will late travel be needed? Yes  No

(b) If YES please complete

Days & Dates	Site	Finish times	Reason

3. College dates

If the college is outside the boundaries of Thurrock or Essex, please give the term dates

	From	To
Autumn	<input type="text"/>	<input type="text"/>
Spring	<input type="text"/>	<input type="text"/>
Summer	<input type="text"/>	<input type="text"/>

4. What level is the course? Further Education  Higher Education

5. Is the applicant starting the course late? Yes  No

If YES, please give the first day of attendance

Your signature  Date

Name

Position

College or school stamp

**Please tick which evidence you are submitting?**

Copy of offer Letter  School Stamp (please use the box)

You must sign the application form before it is posted to:

Awards & Benefits Section,  
Thurrock Council,  
Civic Offices,  
New Road,  
Grays,  
Essex,  
RM17 6SL.

**Closing date: 1st August 2011**

# South Essex College

## Transport Booking Form

To be returned by all students attending Woodview or Nethermayne campuses at South Essex College

Name : \_\_\_\_\_

D.O.B. \_\_\_\_\_

Campus : Thurrock / Basildon  
(please delete as appropriate)

Suggested Boarding point :  
\_\_\_\_\_

Course Title : \_\_\_\_\_

Duration: \_\_\_\_\_

Please attach and return with the completed application form.

**FAILURE TO COMPLETE AND RETURN THIS  
FORM WILL RESULT IN NO TRANSPORT  
BEING PROVIDED**

### ADDITIONAL INFORMATION (FOR SPECIAL NEEDS STUDENTS ONLY)

Please tick the boxes that apply to you or your difficulty/needs

Travel Sickness	<input type="checkbox"/>	Large Wheelchair	<input type="checkbox"/>	Crutches	<input type="checkbox"/>
Hearing Impaired	<input type="checkbox"/>	Wheelchair	<input type="checkbox"/>	Walker	<input type="checkbox"/>
Trained Nurse	<input type="checkbox"/>	Behavioural Difficulties	<input type="checkbox"/>	Blind/Sight Difficulties	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Seating - Harness	<input type="checkbox"/>	Autistic	<input type="checkbox"/>

Do you take any special medication for your disability ? If yes please state which medication you are taking below :  
\_\_\_\_\_

Office Use Only-

Contract No: \_\_\_\_\_

## Check list

Please complete this checklist to ensure that the form has been completed with all the relevant information, and all evidence required has been attached-

**Please remember the deadline for Post 16 transport applications is the 1st August 2011, any applications received after this date are not guaranteed transport at the start of term**

### Students

- Have you read the notes and guidance for Post 16 Transport?
- Have you completed all relevant sections of the form?
- Have you signed the declaration on page 4?
- Have you enclosed an acceptance letter for your chosen school/college, or had Part F completed and signed by your School/ College?
- If you are applying for denominational transport, have you enclosed a **copy** of your baptism certificate?

### Parent(s)

- Have you read the notes and guidance for Post 16 Transport?
- If you have indicated benefits, have you completed your National Insurance Number or National Asylum Seekers ref number and date of birth?
- If you have indicated 'Child Tax Credit' ONLY as your benefits, have you provided a **copy** of all the pages of your 2011/12 Child Tax Credit award?
- Have you signed the declaration on page 4?