

Business Unit 2

Place Health and Adult Social Care

Independent Travel Training

ITT Application Form

<i>Each candidate for independent travel is assessed individually.</i>		Date Received:	
<i>Please complete the form as fully as possible.</i>			
<i>Information will remain confidential at all times.</i>			
Candidates name:			
Date of Birth:		Age:	
Address & Postcode:			
Home Tel:		Mobile:	
Parent/Carer details (if different/applicable)			
Name of Referrer:			
Service if applicable:			
Relationship to candidate:			
Telephone/contact details of referrer			
What journey(s) does the Candidate want to learn? Include day(s) and time(s), outward and/or return			
Does the candidate have an EHCP? (Educational Health Care Plan)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Other Relevant Professional(s) or Provider(s) involved:

Please include here school/college address if applicable

Name:	Mobile:
	Email:
Name:	Mobile:
	Email:
Name:	Mobile:
	Email:

Business Unit 2

Place Health and Adult Social Care

Independent Travel Training

ITT Application Form

Please indicate whether the candidate holds a valid Travel Pass.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate any medical or personal issues which may affect the candidates ability to travel including relevant diagnosis/disabilities.	
Please use this space to elaborate on any of your answers, or to provide further information about the candidate and his/her long term travel ambitions. Attach further sheets if you need to.	
Please email completed form to: IndependentTravelTraining@barnsley.gov.uk	

This referral has been explained to me and I am happy to proceed.

Referrers Signature:		Date:
Parent/Carer signature (if relevant):		Date:

At BMBC we are committed to protecting and respecting your privacy. Our website tells you what you can expect when we collect and process your information. This can be found at www.barnsley.gov.uk/privacy