**ITT Referral Form**

It is essential for the Travel Training team to have all relevant background information, to assess the level of training and support required.

All information supplied is confidential.

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee Name** |  | | |
| **Date of Birth** |  | **Age** |  |
| **Home Address**  **Postcode** |  | **Parent/Carer details**  **(if different)** |  |
| **Telephone No.** |  | | |
| **Name of person making referral** |  | | |
| **Contact Number/Email Address** |  | | |
| **Relationship to Student** |  | | |

**Journey Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Current School/College** |  | | | | | |
| **Destination** |  | | | | | |
| **Which days/times will the trainee be travelling to this school/college?** |  | **Mon** | **Tue** | **Wed** | **Thurs** | **Fri** |
| **Start** | : | : | : | : | : |
| **Finish** | : | : | : | : | : |

**About the trainee**

|  |  |  |
| --- | --- | --- |
| **Does the trainee:** | **Yes/No** | **Comments** |
| Have any medical issues? |  |  |
| Have any physical or sensory disabilities that could restrict their ability to travel? |  |  |
| Have a current EHCP? |  |  |
| Have any allergies or phobias? |  |  |
| Have any issues relating to behaviour that could impact their ability to travel independently? |  |  |
| Currently receives a PTB (Personal Travel Budget) to aid with transport to school/college? |  |  |
| Currently receives a taxi to access school/college? |  |  |

|  |  |  |
| --- | --- | --- |
| **Can the Trainee…** | **Yes/No** | **Comments** |
| Recognise the dangers of crossing the road? |  |  |
| Use a light controlled and/or pedestrian crossing? |  |  |
| Cross safely without using a recognised crossing? |  |  |
| Learn to remember routes and directions? |  |  |
| Read a bus number/destination? |  |  |
| Request help from an appropriate source? |  |  |
| Deal appropriately with strangers? |  |  |
| Maintain their own personal safety? |  |  |

|  |
| --- |
| **Any Additional Information** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referred By** |  | | |
| **Signed** |  | **Date** |  |

**When completed, please send this form by either:**

**Email:** [IndependentTravelTraining@oxfordshire.gov.uk](mailto:IndependentTravelTraining@oxfordshire.gov.uk)

**Post:** Independent travel training, Oxfordshire County council, County Hall New Road, Oxford, OX1 1ND

**Need this form in another format? Have a question? Call us on 01865 328682.**