When completing this form - please include as much detail as possible.

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| --- | --- | --- | --- |
| **Trainee Details:** | | | |
| **Name:** | | Male | Female |
| Date of Birth: Click here to enter a date. | Own Mobile Tel. No: | | |
| Main Address: | Care status (if applicable)/Live with? | | |
| Name of Parent/Carer (Main): | Relationship to Trainee: | | |
| Tel. No: | Mobile Tel. No: | | |
| E-mail: | | | |
| Name of Parent/Carer (Additional, if required): | Relationship to Trainee: | | |
| Tel. No: | Mobile Tel. No: | | |
| E-mail: | | | |
| 1. Key-holder for home address? 2. Has a Concessionary Bus Pass? 3. Applied for or in process of applying for Concessionary Bus Pass? | **Yes  No**  **Yes  No**  **Yes  No** | | |
|  | | | |
| **Referrer:** | | | |
| Referral Date: Click here to enter a date. | | | |
| College/Workplace etc… | Tel No: | | |
| Is the Trainee aware of this referral? | **Yes  No** | | |
| Please confirm that adults have Mental Capacity around travel training: (road safety, individual risk management) | **Yes  No** | | |

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| Other professionals involved? (SW, SALT, OT, etc.)  *Please list* |
| **Does the Trainee experience difficulties with sight/hearing/speech? Yes  No**  *If YES please provide details* |
| **Does the Trainee have impaired mobility? Yes  No**  *If YES please provide details* |
| **Does the Trainee use any mobility aids? Yes  No**  *If YES please provide details* |
|  |
| **1. What journey would the Trainee like to make?**  *Please specify*  **2. If known, when would the Trainee be available to receive travel training?**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | ***TIME*** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | | **A.M.** |  |  |  |  |  | | **P.M.** |  |  |  |  |  |   **3. Does the Trainee have to arrive at their chosen destination by a**  **certain time? Yes  No**  *If Yes please input 'start time' here*  **4. Is the requested journey linked to a short term course? Yes  No**  *If Yes please input an approximate 'end date' here*  **5. Does the Trainee currently receive social care transport?**  **Yes ☐ No ☐**  **6. Has the Trainee used public transport in the past?** **Yes ☐ No ☐**  *If Yes please provide details here*  **7. Does the Trainee currently travel anywhere independently?** **Yes  No**  *If Yes please provide details here*  **8. Does the Trainee have a preferred method of communication?** **Yes  No**  *If Yes please provide details here*  **9. Can the Trainee ask someone for help?** **Yes  No** |
|  |
| **10. Does the Trainee have any medical conditions and/or allergies? Yes  No**  If Yes please provide details here  **11. Does the Trainee take any known medication? Yes  No**  If Yes please provide details here  **12. Does the Trainee carry or wear a medical emergency card, bracelet**  **etc? Yes  No**  *If Yes please provide details here*  **13. Is there any known medical reason that would affect the**  **Trainee travelling independently? Yes  No**  If Yes please provide details here |
|  |
| **14. Does the Trainee have any phobias or fears? Yes  No**  If Yes please provide details here  **15. Does the Trainee present any challenging behaviour?** **Yes  No**  If Yes please provide details here  **16. Are there any personal safety issues we should know about?** **Yes  No**  If Yes please provide details here  **17. Are there any known safeguarding issues we should be aware of? Yes  No**  If Yes please provide details here  **18. Are there any issues relating to lone working with this Trainee? Yes  No**  If Yes please provide details here  **19. Are there any other known risks we need to be aware of when**  **supporting this trainee? Yes  No**  If Yes please provide details here |

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| **Any Additional Information …..**  *Please provide details here* |

*(Please note that referrals cannot be processed until all relevant information is received)*

**Please send all completed forms by Email to:** ITT@coventry.gov.uk