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