Post-16 SEND Travel

Assistance appeal form



If you have applied for travel assistance and received a formal refusal, you can appeal against the decision. Please complete and return this form either by email to sentravelteam@dorsetcouncil.gov.uk or by post to SEND Travel Team, Colliton Park, County Hall, Dorchester, DT1 1XJ.

Please ensure you complete the form in full including your reasons to support the appeal. You must include any relevant documentation. For example, if you are citing SEND, medical, disability or financial reasons, please provide the evidence with the form so that the Committee are able to make a fully informed decision.

You will be contacted with a date, time and venue for the appeal hearing by Democratic Services and invited to attend, which it is advisable to do if possible. If you are unable to attend, please inform Democratic Services as the appeal can be adjourned to the next hearing or, heard in your absence based on the evidence you have submitted.

Young Person’s Details

Young person’s Legal Surname:       Forename(s):

Known as Surname:       [ ]  Male/ [ ] Female Date of Birth:      /     /

*(if appropriate)*

Home address:

Postcode:

Name of School/ College (from September):       Start Date:

Is the young person currently attending this school? Yes [ ]  No [ ]

If no, what is their current school?

How does the young person currently get to school/ college now?

Date assistance is required: From:       To

Parent/Guardian Details

(if supporting the young person with this application)

Mr/Mrs/Miss/Ms:

Relationship to young person:

Address (if different from young person’s):

Tel No:       Mobile Tel No:

 Email address:

Reasons and grounds for the appeal

Please give a full statement of your reasons for requiring travel assistance and wishing to appeal against the refusal of your application for travel assistance:

**It is your responsibility to obtain and include all documents to support your appeal.** This might include professional or medical letters and reports, financial statements, benefit details or other any other material to evidence the grounds for appeal. It is vital that the Committee have this evidence to be able to fully consider the merits of your case.

(Continue on a separate sheet if necessary)

Signature:       Date:

Printed Name:

*(If sending this form by email, please type your name in the signature field – this
will act as your digital signature)*