Appeal Against a School/College Travel Support Decision - APPEAL FORM (Stage 1)

**Notes for Guidance**

Please complete this form if you wish to appeal against the type of home to school/college travel assistance that has been offered for your child or because assistance has been refused.

A copy of our Travel Assistance Policy 2023/24 can be found at: <https://www.localofferbirmingham.co.uk/children-young-peoples-travel-service/travel-assist-policy-documents/>

Appeals should be submitted within 20 working days of the date on which you were notified of the original school transport decision.

You will need to explain the exact nature and the reasons for your appeal, using the appeal form below. Once completed, the form should be sent to

# The appeals process has two stages:

**Stage 1 –**Within 5 working days of you submitting the appeal form you will receive confirmation that the appeal is under review and a Council officer will consider your appeal. Further evidence may be requested to support the appeal and consultation with caseworkers and professional bodies may be required. You will be notified of the decision within 20 working days from your submission of the appeal form. If you remain dissatisfied with the outcome, you should notify the Council in writing within 20 working days of receiving the Stage 1 appeal decision and the appeal will proceed to Stage 2.

**Stage 2 –** Stage 2 is a review by a panel of 3 Council officers independent of the original decision-making process, which will take place within 40 working days from receipt of the applicant’s written Stage 2 notification. The panel will consider written and oral representations from (or on behalf) of the applicant and from a Council officer with knowledge of the case and will provide the applicant with written notification of its decision within 5 working days of its review meeting.

If the applicant remains dissatisfied, the further options are to complain to the Council using its complaints procedure; a complaint to the Local Government Ombudsman; a complaint to the Secretary of State for Education; or legal proceedings, but it is for applicants to decide which of these, if any, to pursue.

**What types of factors will be taken in account?**

Where the application has been refused because the distance between home and school is less than the statutory walking distance, exceptional individual family circumstances will be considered, including any significant behavioural or physical needs which may prevent a parent/carer from taking the student to school.

We will consider any additional supporting written evidence from Education or health care professionals, parents/carers, schools etc. such as:

a. Evidence that a child’s special needs or medical condition prevent the child from walking to school or using public transport.

b. Evidence that there would be health and safety risks to the child or others if they travelled to school without travel assistance.

c. Evidence that the parents’/carers’ exceptional individual circumstances prevent them from taking or accompanying their child/children to school or college.

It is important that you submit all aspects of your case in full.

Further evidence may be requested to support the appeal and consultation with caseworkers and professional bodies may be required.By submitting the appeal form you agree to the local authority consulting with caseworkers and relevant professionals to verify and clarify the information you have provided and to determine whether to grant your appeal.

During the appeal stages, travel assistance will not be provided, nor will a change be made to existing travel assistance.

If you need further assistance completing this form, please contact the Children and Young People`s Travel Service by telephone on 0121 303 4955. Alternatively, you can email the enquiry to travelassist@birmingham.gov.uk

Please send completed Appeal forms by email to appealstravelassist@birmingham.gov.uk

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**To be completed by the Parent/Carer- please answer the following questions**

|  |  |
| --- | --- |
|  | Application Reference Number: **TRA OR CBP** Number |
|  |  |

**Section 1: Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Child’s Name: | Date of Birth: | School/College you are appealing for assistance too |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2 | Other Children in Family | Date of Birth: | School/College Attending |
|  |  |  |  |
|  |  |  |  |
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|  |  |
| --- | --- |
| 3 | Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code:  |

|  |  |  |
| --- | --- | --- |
| 4 | Name of Parent/Carer: |  |
|  | Day time Tel No/ Mobile: |  |
|  | Email Address |  |

## Section 2: Reasons for Review

|  |  |
| --- | --- |
| 5 | Please tell us why you wish your application to be reviewed - please state these reasons as fully as possible continuing a separate sheet of paper if necessary. Please attach any additional supporting information that you feel may support your application e.g., up to date medical advice from health care/educational professionals which has been provided within the last 12 months or evidence of financial hardship. All supporting information must be provided to us in writing and attached to this form. …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**Please attach any additional information** |

 Parent(s)/Carer(s)

|  |  |  |
| --- | --- | --- |
|  | Signed: | Signed: |
|  | Name in Capitals: | Name in Capitals: |
|  | Date: | Date: |

|  |  |
| --- | --- |
|  | **Privacy notice under the General Data Protection Regulation** (GDPR) (EU) 2016/679The information you have provided on this form will be used by Birmingham City Council in accordance with the General Data Protection Regulation and any successor legislation to the GDPR or the Data Protection Act 2018The information will be used in accordance with the Council’s Education Travel Assistance Policy and for the purpose of processing applications for pupils travel assistance as required to fulfil the Council’s duties under statutory or contractual requirement or obligation.This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with external organisations whose business it is to assist in the service delivery of transport solutions to eligible students and with the Department of Education for statistical purposes only.  The personal data is not shared with anyone else and will never be disclosed for marketing purposes.  |

Please check carefully that every section of this form is completed. Incomplete forms will be returned resulting in a delay in reviewing your application. When completed this form should be returned to: appealstravelassist@birmingham.gov.uk as this will avoid any delays in your appeal.

This appeal will be considered by the appeals panel, and you will be notified of the outcome within 20 working days of the receipt of the form.