**Travel Training- Referral Form**

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| **Trainee name:** |  |
| **Date of birth:** |  |
| **Home address:** |  |
| **Telephone:** |  |
| **Male/female/prefer not to say:** |  |
| **Current college:** |  |
| **Referred by:** |  |
| **Telephone:** |  |
| **Email address:** |  |
| Please sate the journey the trainee needs to learn (include day & time) |  |
| Please comment on Medical information, include any allergies: |  |
| Additional information: Sensory/physical disabilities Behaviour Phobias |  |
| Does this person receive school transport? |  |
| How does this person currently get to college? |  |
| Does this person hold aconcessionary travel pass? |  |
| **Can this person:** |  |
| Recognise the dangers of the road? |  |
| Use a light controlled and/or pedestrian crossing? |  |
| Cross streets safely, without usinga 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 other information: |  |
| Referral Completed by:PrintSignedDateRelationship to Trainee |  |