Travel Training- Referral Form

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 a concessionary travel pass?	
Can this person:	
Recognise the dangers of the road?	
Use a light controlled and/or pedestrian crossing?	
Cross streets safely, without using a recognised crossing?	
Learn to remember routes and directions?	

Created by Vickie Whitehead PfA /Careers Lead 2025-2026

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: Print Signed Date Relationship to Trainee	