**Authorisation, Risk and Order form for transport of children and young people supported by children and families teams**

**This form is to be used effective from 14 May 2018**

**Part A**

**TRANSPORT AUTHORISATION FORM**

**This form should be used for arranging transport for children and young people in line with the Policy/Procedure for arranging transport for children and young people supported by children and families services, updated May 2018 (TRI-X chapter XXX)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE OF REQUEST** | |  | | |
| **CHILD’S NAME** |  | | | | |
| **ICS REFERENCE** |  | | **DATE OF BIRTH** |  | |

|  |
| --- |
| **INFORMATION / REASON FOR REQUEST** |
| **To be completed by Social Worker:** |
| 1. **Why is this transport essential?** |
| 1. **What other options have you explored e.g. change of school, public transport, change of venue, foster carers transporting or relatives with cars?** |
| 1. **Why can these other options not be used?** |
| **To be confirmed by Manager:** |
| 1. **Is an appropriate risk assessment (appendix C) in place for transporting this child or young person? If not, the request should not be authorised until this has been completed.** |

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| **Signature of Social Worker:** | **Date:** | |
| **Signature of authorised budget holder:** | **Date:** | |
| **Job Title of person authorising:** | | |
| **Cost Code: Please tick cost code**  **S & P**  **CLA** | | |
| **TRANSPORTATION DETAILS** | |
| **Client Full Name:** | |
| **Address:** | |
| **Contact telephone number:** | |
| **Collection point if different:** | |
| **Destination:** | |
| **Contact Telephone Number at destination:** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **START DATE** |  | **END DATE (IF KNOWN)** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **MON** | **TUE** | **WED** | **THU** | **FRI** | **SAT** | **SUN** |
| **ARRIVAL TIME AT DESTINATION** |  |  |  |  |  |  |  |
| **DEPARTURE TIME FROM DESTINATION** |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SPECIAL REQUIREMENTS** |  | | | | |
| **ESCORT required (in line with transport policy)** | **YES** | **NO** |  | | |
| **WHEELCHAIR to be carried in situ** | **YES** | **NO** | **WHEELCHAIR to be carried as luggage** | **YES** | **NO** |
| **Client to be accompanied by relative, foster carer, worker (please give details)** |  | | | | |
| **Can client share transport with:** | **Similar Groups Yes/No**  **Any client Group Yes/No** | | | | |

**Part B**

**TRANSPORT RISK ASSESSMENT**

**This form should be used for risk assessments of the transport of children and Young People in line with Policy/Procedure relating to the transport of children and young people supported by children and families teams (updated May 2018), must be completed along with any new transport request, and must be uploaded to ICS**

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| --- | --- |
| **CHILD’S NAME** |  |

|  |  |
| --- | --- |
| **ICS REFERENCE** |  |

|  |  |
| --- | --- |
| **DATE OF BIRTH** |  |

|  |  |
| --- | --- |
| **Date Risk Assessment Completed** |  |
| **Name and role of person completing assessment** |  |
| **Name of authorising manager** |  |

|  |  |
| --- | --- |
| **Date of review of risk assessment (risk assessments should be reviewed at least every 6 months or following a significant change in the child’s circumstances)** |  |

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| **Risks associated with transporting this child/young person** | **Consequence/Impact for the child/young person and others** | **Management strategy – what controls will be put in place to manage the risk and who will be responsible for them?** |
| **Medical Condition:** |  |  |
| **Disability:** |  |  |
| **Behaviours which may cause harm to themselves or others:** |  |  |
| **Special requirements e.g. Safety seat /booster cushion and what arrangements have been made to provide this** |  |  |
| **Children’s need if journey is long – e.g. toileting, refreshments** |  |  |
| **Child Sexual Exploitation – consider the risk of CSE for the child – has the CSE toolkit been used to assess? If there is a CSE risk, an escort must be used regardless of the age of the child/young person** |  |  |

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| **Part C**  **To be completed by Business Support staff**  **Name of BS completing form**  **Date:**  **Please refer to the transport Risk Assessment for this child/young person when making arrangements for travel and ensure any risks and necessary actions have been communicated to the operator.** | |
| **Proposed Operator following framework check:**  **Taxi 1**  **Taxi 2**  **Taxi 3** |  |
| **Quote per journey: Please indicate if single or return price** |  |
| **Name of driver**  **Date of Birth of driver** |  |
|  |
| **Name of escort (if appropriate)** |  |
| **If going off- framework - TRANMAN check confirmation date and name of person confirming**  **Tel: 226441/221716**  **If going off-framework and no TRANMAN check – details of service manager approval**  **If using volunteer driver - confirmation that required checks are in place-** |  |
| **Please ensure that the completed Transport Order Form & Risk Assessment Forms emailed securely to Taxi Firm**  **Both Forms are uploaded to ICS.**  **Details on Finance Log** |  |
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**PART D – ORDER FORM – TRANSPORT FOR CHILDREN AND YOUNG PEOPLE SUPPORTED BY CHILDREN AND FAMILIES TEAMS**

**AUTHORITY**: Cumbria County Council, Cumbria House, 117 Botchergate, Carlisle, CA1 1RD

|  |  |  |
| --- | --- | --- |
| CONTRACTOR: |  | CONTRACT MANAGER: |
| CONTRACTOR ADDRESS: |  |

**The Authority offers the Contractor the opportunity to provide the following services:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CONTRACT NUMBER** | |  | | | **Contract Area:** |
| **CONTRACT PERIOD** | |  | | | **District Office :** |
| **CLIENT NAME** | **PICK UP ADDRESS** | | **DESTINATION** | **DAY/TIMES OF TRAVEL** | **Special Requirements** |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
| **COST PER JOURNEY** | |  | | |  |

|  |  |
| --- | --- |
| **Signed for on behalf of Cumbria County Council** | ……………………………………………………………………. |
| **Print Name & Job Title** | ……………………………………………………………………. |

**ALL DRIVERS AND ESCORTS MUST BE NAMED AND CLEARED AS SPECIFIED IN THE CONDITIONS OF CONTRACT. IF THERE IS ANY CHANGE OF PERSONNEL or any issues arising in relation to this journey PLEASE CONTACT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IMMEDIATELY.**

|  |  |
| --- | --- |
| **VEHICLE REGISTRATION NUMBER(S) TO BE USED** |  |
| **DRIVER TO BE USED** |  |
| **ESCORT(S) TO BE USED** | To be completed if applicable |

By signing this order form the Contractor accepts this offer and agrees to provide the services subject to the content of this order form and Schedules 2 and 3 of the framework Agreement for Transport for Children and Young People working Children’s Social Care Teams between Cumbria County Council and the Contractor dated February 2018

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Contractor:  (please print) | | | | | Telephone Number: | | | |
| Signature of Contractor: | | | | | Date: | | | |
| **Cost Centre** |  | **Nominal** |  | **Funding Source** | |  | **Project Code** |  |