

Travel Buddy Referral Form

The Travel Buddy Project helps people with learning disabilities travel to where they want to go. We do this by employing Travel Buddies to help them on their journey; Our Travel Buddies are people with learning disabilities who are very good independent travellers. We give them training to ensure they are safe and know how to help someone else travel.

This referral form is to be filled out for people with learning disabilities who want or need a Travel Buddy to help them to travel.

Please supply as much detailed information as possible.

(All information supplied is regarded as confidential)

Date received
(For TB staff)

Name of person referral is for:		
Date of Birth		Male / Female
Home Address		Parent/Carer details (if different)
Post Code		
Telephone No. Mobile No		
Name of college or day service current attending. Tel no.		
Name of person making referral Tel no.		
If parent/carers is not making this referral, are they aware and supportive of it?		
Please give any relevant medical information that may affect the student.		
Please indicate the journey a Travel Buddy is needed for.		

Please complete both sides

Return completed form to: **Matt Gamble, Travel Buddy Project, Ealing Mencap, 173a Uxbridge Rd, Hanwell W7 3TH. OR email to matt.gamble@ealingmencap.org.uk (07790358861)**

Please comment on the individual's motivation to make this journey	
First Language spoken:	
Does Parent/Carer speak English?	

What is the current level of the referred individual's travel and road safety skills?

		YES	NO	UNKNOWN
Has this person had any previous level of travel training?				
Has this person ever travelled alone?	On foot			
	On public transport			
Does this person have a freedom pass or young person's oyster card				
Can this person: Recognise the dangers of crossing the road?				
Is this person able to: Interact appropriately with strangers?				
Does this person: Have any physical problems that may restrict their ability to travel?				
Have any allergies or phobias?				
Have any behavioural problems or challenging behaviour?				

Please use this space to elaborate on any answers, or to give any other information about the individual.

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For office use only: Referral entered on the referral list
 File Started