



**Application for Transport Assistance in
respect of FULL TIME attendance at
FURTHER EDUCATION COLLEGE**

OFFICE USE ONLY:						
ASSESSED BY:	DATE:	UB	MET	NIR	BB	OTHER
PROCESSED ON EMS BY:	DATE:	STUDENT ID:				

ALL APPLICATIONS RECEIVED AFTER 30TH JUNE ARE CONSIDERED TO BE APPLICATIONS
FOR THE INCOMING SCHOOL YEAR – RETROSPECTIVE APPLICATIONS WILL NOT BE PROCESSED

LATE APPLICATIONS MAY RESULT IN DELAYED TRANSPORT ASSISTANCE

IT IS IMPORTANT THAT ALL SECTIONS OF THIS FORM ARE COMPLETED TO AVOID A DELAY IN PROCESSING YOUR APPLICATION. *FAILURE TO SUPPLY ALL MANDATORY FIELDS WILL DELAY THE PROCESSING OF YOUR APPLICATION

NOTIFICATION WILL BE FORWARDED TO ALL APPLICANTS. SESSIONAL TICKETS WILL BE AVAILABLE FOR COLLECTION AT THE COLLEGE CAMPUS FOR STUDENTS WHO QUALIFY FOR TRANSPORT ASSISTANCE.

PART A (to be completed by the parent of student in BLOCK LETTERS)

i. **College** to which transport is required.....

ii. **Campus** to which transport is required.....

iii. School last attended

iv. Student's Surname (*as recorded on the birth certificate*).....

v. Surname by which student is known.....

vi. Student's Forename(s)

vii. Parent's permanent home address

.....

Postcode *(Mandatory)

viii. Student's date of birth *(Mandatory)..... Male Female (*Please tick*)

ix. First Date of attendance at F.E. College Daytime Tel No.....

x. Distance from student's home to College named at (i)
(Distance will be verified by the Authority, using Arc-View GIS software)

xi. **Preferred means of travel required to college named at (i) (Ulsterbus / Metro / NIR (Train) / EA Bus / Private Car / Other)**
.....
(*the Authority must determine the most appropriate means of transport assistance that can be offered having regard for economy and efficiency)

xii. If travel is by Public Transport or EA Bus state boarding point* (Mandatory)..... (*Please refer to Notes of Guidance Section B*)

xiii. Is the student following a designated course eligible for Student Loan Assessment **YES/NO** (Delete as appropriate)

xiv. Name of Course being Studied and Qualification to be obtained

xv. **Give the code for your course *(Mandatory) (Please refer to Notes of Guidance Section G)**
NDAQ code **or** PLAQ code

DECLARATION BY PARENT:

- (i) I certify that the information given above is true and correct and I have read and retained the attached notes of guidance
- (ii) I will inform the Authority of any change in circumstances at any time which might affect this transport assistance and
- (iii) If any financial assistance provided to me, for whatever reason is an amount which is more than I am entitled to, I will pay back any amount in excess of my entitlement.
- (iv) I have discussed with my child Sections H and I regarding Behaviour and the Wearing of Seatbelts whilst travelling on Home to School Transport.

Signature..... (Parent) Date.....

THE EDUCATION AUTHORITY RESERVES THE RIGHT TO WITHDRAW TRANSPORT ASSISTANCE FROM ANY STUDENT FOR WHOM FALSE OR MISLEADING INFORMATION HAS BEEN PROVIDED

PART B

TO BE COMPLETED BY THE DIRECTOR OF THE COLLEGE NAMED AT PART A (i) AND RETURNED WITHOUT DELAY TO THE AUTHORITY HEADQUARTERS FOR THE AREA IN WHICH THE STUDENT RESIDES.

(If details are correct, please tick the following boxes)

1. Is the student's date of birth correct as stated in Part A (viii)
2. Is the parent's permanent home address correct as stated in Part A (vii)
3. Is the NDAQ or PLAQ code correct as stated in Part A (xv)

By signing below you are confirming that the course identified in Part A (xiv) of this form is not available in a nearer Campus.

Signature.....

Position in College

Date.....

Official College Office Stamp

PART C

TO BE COMPLETED BY THE DIRECTOR/DIRECTORS OF THOSE COLLEGE/COLLEGES WITHIN THREE MILES OF THE STUDENT'S HOME.

I confirm that the above named student is unable to obtain a place on a suitable course at this college which would lead to the qualification sought at Part A (xiii)

Signature

Position in College.....

Date

Official College Stamp

PLEASE RETURN TO YOUR LOCAL OFFICE OF THE AUTHORITY:

BELFAST OFFICE
29A FORTWILLIAM PARK,
BELFAST
BT15 4AR

Tel: 02890 784351

Email: Transport-Belfast@eani.org.uk

DUNDONALD OFFICE
GRAHAMSBRIDGE ROAD,
DUNDONALD
BT16 2HS

Tel: 02890 566200

Email: Transport-Dundonald@eani.org.uk

BALLYMENA OFFICE
COUNTY HALL
182 GALGORM ROAD
BALLYMENA
BT42 1HN

Tel: 02825 653333

Email: Transport-Ballymena@eani.org.uk

ARMAGH OFFICE
3 CHARLEMONT PLACE
THE MALL
ARMAGH
BT61 9AX

Tel: 02837 512200

Email: Transport-Armagh@eani.org.uk

OMAGH OFFICE
1 HOSPITAL ROAD
OMAGH
BT79 0AW

Tel: 02882 411411

Email: Transport-Omagh@eani.org.uk