**Covid -19 Transport to Childcare Hubs Request Form**

**Details of the child**

|  |  |
| --- | --- |
| **Name** |  |
| **Age** |  |

**Name and contact details of parent/carer – please include a telephone number**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Telephone number** |  |

**Name and contact details of childcare hub – please include a telephone number**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Telephone number** |  |

**Days and times child will be accessing**

|  |  |  |
| --- | --- | --- |
| **Day** | **Start time** | **End time** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Is the parent / carer travelling with the child?** |  |
| **If the child is travelling alone, is a passenger assistant required?** |  |
| **Is a booster seat required? If yes can this be provided by parent/carer?** |  |
| **Is the child a wheelchair user?** |  |
| **Are there any disabilities that we need to be aware of? (This will help us to provide the most appropriate transport for the child.** |  |

**Name and contact details of Social Worker or other lead professional**

|  |  |
| --- | --- |
| **Name and role** |  |
| **Email** |  |
| **Telephone** |  |

**Please send completed form to**

**Mary Mulligan**

**Mary.mulligan@cumbria.gov.uk**