

Request for Home to School Travel Assistance

Application for home to school travel assistance for children aged up to 16 years.

Information and guidance on completing this form

You should only fill in this form if you are a resident of Hackney and have parental responsibility for the child you are applying for.

Please write clearly in BLOCK CAPITALS and complete all required sections of this form, as outlined in Section A below. Section A and F must be completed for all applicants.

Please follow the guidance throughout the form carefully to ensure you complete all information as accurately and completely as possible.

Decisions regarding assistance will be made based on information provided. Incomplete or unclear information may result in a decision not to provide assistance or your application form being returned to you for full completion, which will delay any decision regarding provision of transport. **Applications are usually processed and travel assistance in place within 20 working days.**

For applications received by Hackney Learning Trust during July to September there may be delays in processing applications or providing travel assistance. This is due to the reduced availability of schools and the requirement to confirm school information.

Applications will be processed by Hackney Learning Trust Special Educational Needs or Pupil Benefits teams depending on your primary reason for requesting travel assistance.

You should refer to the **Travel Assistance Guide for Parents, Carers and Young People** for further information regarding eligibility criteria, travel assistance, and appeals or complaints procedures. Available for download on the [Hackney Local Offer](#). You should refer to the **Hackney Learning Trust Pupil Benefits Policies** for further information about HLT policies for travel assistance. Available for download at <https://www.learningtrust.co.uk/content/help-home-school-travel>.

Return your completed application

By Post **SEND Business Support Team**
Hackney Learning Trust
1 Reading Lane,
London
E8 1GQ

By Email SEnDBusinessSupport@learningtrust.co.uk with subject line 'Travel Assistance Application'

SECTION A: Reason for application for Home to School Travel Assistance

Refer to the Travel Assistance Guide for Parents, Carers and Young People and Pupil Benefits Transport Policy Statement for information on eligibility and reasons for application.

What is the main reason for your application for home to school travel assistance for your child?

- | | |
|---|---|
| <input type="checkbox"/> My child has a Special Education Need, disability or mobility need which prevents me from taking my child to school. | Please complete sections B, C, E and F. |
| <input type="checkbox"/> I (parent/carer) have a disability or mobility need which prevents me from being able to transport my child to school. | Please complete sections B, C, D and F. |
| <input type="checkbox"/> I am applying for travel assistance for my child under the income assessed or non-income assessed criteria. | Please complete sections B, C, D and F. |
| <input type="checkbox"/> Other | Please complete <u>ALL</u> sections |

SECTION B: Contact information										
Child Details										
First name:										
Surname:										
Date of Birth: <i>DDMMYYYY format</i>										
Gender:										
Home Address:										
	Post code:									
Religion:										
Parent / Carer Details										
Name/s:										
Relation to child:										
Mobile phone number:										
Home phone number:										
Work phone number:										
Email address:										
Home Address: <i>(if different to address above)</i>										
	Post code:									
Date of Birth: <i>DDMMYYYY format</i>										
Your National Insurance Number:										

Other Contacts											
Is your child 'looked after' by Social Care?				<input type="checkbox"/> Yes				<input type="checkbox"/> No			
If yes, by which Local Authority?											
Does your child have an allocated Social Worker?				<input type="checkbox"/> Yes				<input type="checkbox"/> No			
<i>If yes, please provide contact details</i>											
Social Worker name:											
Social Worker phone number:											
Emergency Contact Information											
For the safety of your child, we require <u>two</u> emergency contacts within the London Borough of Hackney (or in neighbouring boroughs and a reasonable travel distance from Hackney) where we can contact a relative or other responsible adult. We will use these contacts if we cannot contact you at your home address or at the contact numbers on the front of this form. These <u>MUST</u> be different to the home contact on the front page. Refer to the Home to School Travel Assistance Guide for Children & Young People with Special Educational Needs, Disability or Mobility Needs for further information.											
Emergency Contact 1											
Full name:											
Relation to child:											
Contact phone number:											
Alternative phone number:											
Address:											
		Postcode:									
Emergency Contact 2											
Full name:											
Relation to child:											
Contact phone number:											
Alternative phone number:											
Address:											
		Postcode:									

SECTION C: School Attendance Details										
School name: <i>School travel assistance is to be provided to/from</i>										
School address:										
		Postcode:								
School phone number:										
Date started/starting at this school: <i>DDMMYYYY format</i>										
Date travel assistance is requested to start from: <i>DDMMYYYY format</i>										
<i>Please note that we will do our best to have transport assistance in place from the requested start date, however this may not always be possible, and may take up to 5 days from date of approval for assistance.</i>										
Type of school placement:		<input type="checkbox"/> Daily Attendance <input type="checkbox"/> Weekly boarding <input type="checkbox"/> Termly boarding								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
School start time										
School finish time										
Is your child eligible for or currently accessing Free School Meals?		<input type="checkbox"/> Yes			<input type="checkbox"/> No					
Has your child previously received travel assistance?		<input type="checkbox"/> Yes			<input type="checkbox"/> No					
Does your child have a Statement of Special Educational Needs or an Education, Health and Care Plan naming this school?		<input type="checkbox"/> Yes			<input type="checkbox"/> No					
If applying under the low income or income assessed criteria, was this school selected on religious grounds?		<input type="checkbox"/> Yes			<input type="checkbox"/> No					
Special Educational Needs										
Please indicate if any of the following apply to your child. If not applicable, move on to the next question.										
<input type="checkbox"/> Social, emotional or mental health difficulties		<input type="checkbox"/> Hearing Impairment								
<input type="checkbox"/> Communication difficulties		<input type="checkbox"/> Visual Impairment								
<input type="checkbox"/> Speech and Language difficulties		<input type="checkbox"/> Physical or mobility difficulties								
<input type="checkbox"/> Learning Difficulties		<input type="checkbox"/> Autism								
<input type="checkbox"/> Other, please describe:										

Please explain how your child's Special Education Needs, disability, or mobility issues affect your ability to transport him/her to school.

Current home to school travel arrangements

How is your child currently travelling to school?

Transport by parent/carer, family or other adult

It is primarily the duty of the parent to escort their child to and from school.

If you (parent/carer) have a disability or medical condition which makes it impossible for you to take your child to school, please supply medical evidence. You may be asked to provide contact information for your GP or specialist.

Are you able to organise transport to school for your child? Yes No

If you are unable to organise transport to school, please explain why not.

Please list the names and date of birth of household members.

Please include all members of the household. If you have other children who you take to school or nursery please also note the school/nursery attended. Attach additional sheets if required.

Name	Date of Birth <i>DD/MM/YYYY format</i>	Relation to child	School/Nursery (if applicable)

SECTION D: Income Details

Complete this section if you wish to be considered under the low income family eligibility criteria

Please tick the income you receive

- Income Support
- Income based Jobseeker's Allowance
- The Guaranteed part of State Pension Credit
- Nass – Support under part VI of the Immigration and Asylum Act 1999
- Child Tax Credit provided you are not entitled to Working Tax Credit and have annual income (as assessed by HM Revenue & Customs) that is currently £16,190 or below
- Working Tax Credit for the four week period immediately after your employment has finished.
What was the last date of your employment (DD/MM/YYYY): / /
- Working Tax Credit where your income is £16,190 or below

SECTION E: Travel Assistance Requirements**Travel Training**

Our Travel Training Programme will usually be the first offer of travel assistance, where appropriate, in order to support children and young people to develop independent travelling skills. Refer to the **Travel Assistance Guide for Parents, Carers and Young People** for further information.

Is Travel Training a suitable option for assisting your child with travel? Yes No

If no, please explain why not.

Please note that Travel Training may still be offered for travel assistance if considered appropriate.

Walking and Public Transport

Can your child walk on safe routes from home to school? Yes Yes, if escorted No

Can your child use public transport from home to school? Yes Yes, if escorted No

If no, please explain why not.

Please describe the journey between your child's home and school. Please include approximate timings and particular hazards. You may find the Transport for London journey planner (www.tfl.gov.uk) useful.

Travel Assistants while travelling in a vehicle

Travel Assistants are only provided where necessary for safety reasons. It is primarily the duty of the parent to escort their child to and from school.

Do you consider your child requires a Travel Assistant (in addition to the driver of the vehicle)? Yes No

Please explain why a Travel Assistant is necessary.

If yes, are you willing to act as Travel Assistant and accompany your child?

Yes

No

If no, please explain why you are not able to.

Special Requirements

Can your child climb a few steps in to a vehicle?

Yes

No

Does your child use a wheelchair or special buggy?

Yes

No

If yes, please provide the make and model details:

If your child uses a wheelchair or special buggy, can he/she transfer out of their wheelchair into a seat to travel?

Yes

No

Are any additional supports or restraints required for your child when travelling? (e.g. harness, bucket seat)
Please provide details.

Medical Needs	
Doctor / GP Name:	
Doctor / GP Phone:	
Does your child have epilepsy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child require suctioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any other medical condition which transport operators should be aware of? If yes, please detail below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If your child has epilepsy, or another condition which operators need to be aware of, please provide the following information.</p> <ul style="list-style-type: none"> • What signs and symptoms are evident when a fit or seizure is likely? • What action is a Travel Assistant required to take? • What treatment or medication is to be provided? Include specialist medical equipment (e.g. oxygen) • What specialist knowledge and skills is a Travel Assistant required to have? <p>If treatment is to be provided then we will need to provide training to a Travel Assistant before transport can be provided. Transport will not be provided until any necessary training has been undertaken.</p> <p>Please provide a copy of your child's current medical or care plan. Transport may not be provided until a current care plan has been received. Please attach further sheets if necessary.</p>	

Does your child have any allergies?

Yes

No

Does your child have any special dietary requirements?
(e.g. nothing by mouth)

Yes

No

If yes to either of the above, please provide details.

ANY ADDITIONAL INFORMATION

Please tell us any other information which may assist us in processing your application or you feel the transport provider should know about your child. Include any information that will help travel assistance staff best support your child. Attach additional sheets or documentation if required.

SECTION F: Declaration**Application Processing Information**

- The information you provide on this form will be processed by Hackney Learning Trust in accordance with the Data Protection Act (1998).
- We may share this information with other agencies who may be involved in transporting your child or assisting with your child's journey to school.
- Travel assistance provision will be reviewed on a termly or annual basis.
- Where travel assistance is provided in the form of transport, assistance may be ceased if unsafe behaviour puts others at risk.
- Hackney Learning Trust must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information with other organisations which handle public funds for the same purposes as far as the Data Protection Act allows.

Declaration

Please read the following declaration. We will not process your application if you do not sign and date the declaration.

- The information I have given on this form is complete and accurate. I will inform you immediately of any change in my circumstances at any time which might affect my entitlement to assistance. I understand that if I give you false information, or fail to give complete information, you may withdraw or re-assess any transport provision.
- I agree to the information above being shared with any agencies who may be involved in transporting or assisting my child as a result of this application.
- I will write and tell you immediately if my child leaves or transfers to a different school or college, or if my contact details change. I understand that if the home address changes, then my child may no longer be eligible to receive travel assistance.
- If my child has a care plan for medical reasons, I will ensure that I update HLT with the most current version at all times.
- If financial assistance is provided to me or on my behalf, and is, for whatever reason, an amount which is more than I am entitled to, I will pay back any amount in excess of my entitlement immediately.

Signature

Full Name		Date	
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Please return your completed form

By Post: SEND Business Support Team
Hackney Learning Trust
1 Reading Lane,
London E8 1GQ

By Email: SEnDBusinessSupport@learningtrust.co.uk with subject line
'Travel Assistance Application'

OFFICE USE ONLY	
Eligibility and Information	
Is the child a LB Hackney 'looked after child'? <i>If yes, notify Virtual School Plan Co-ordinator of application and outcome</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child have an EHCP or SEN? If yes, the Plan Coordinator is: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Capita reference number for child: _____	
Does the distance from home to school meet the criteria? Measured distance (miles): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details/evidence of child's SEN, disability or mobility need provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has medical evidence been provided where required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Income criteria met? (If applying under income assessed criteria)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has proof of address and any applicable benefits been received?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Additional information/comment:	
Application Approval	
Travel assistance agreed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, reason/s:	
Authorising Officer (name):	
Signature:	Date:
If not agreed and appeal has been received:	
Date of appeal:	
Outcome of appeal:	<input type="checkbox"/> Assistance agreed <input type="checkbox"/> Assistance not agreed
Appeal decision authorised by (name):	
Signature:	Date:
Travel Assistance Arrangements	
Type of transport agreed by SEND Travel Assistance Service or Pupil Benefits:	
<input type="checkbox"/> Independent Travel Training	<input type="checkbox"/> Bus / train pass / travelcard
<input type="checkbox"/> Personal Budget	<input type="checkbox"/> HLT / Private bus service
<input type="checkbox"/> Walking/Public Transport Travel Assistant	<input type="checkbox"/> Private taxi service
<input type="checkbox"/> Other, please specify:	
Travel Assistant required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Transport Commencement Date:
Additional information:	