

Change in Circumstances for Travel Assistance

Notification of a change in circumstances for child/young person

Information and guidance on completing this form

Complete this form if you are already receiving travel assistance from Hackney Learning Trust and need to notify us of changes in your circumstances or contact details.

Please ensure you complete all relevant information as accurately and completely as possible. If you leave out information there may be a delay applying changes in relation to provision of travel assistance.

Please note that a minimum of five working days from notification is required for changes to be made. Return your completed application to:

SEND Business Support Team, Hackney Learning Trust, 1 Reading Lane, London E8 1GQ or
SENDBusinessSupport@learningtrust.co.uk with subject line 'Travel Assistance Change in Circumstances'

SECTION A: Child or Young Person's details											
<i>You must complete this section.</i>											
First name:											
Surname:											
Date of Birth: <i>DDMMYYYY format</i>											
Gender:											
Home Address:											
	Post code:										
Religion:											
School name / college name / apprenticeship:											
Is the child/young person 'looked after' by social care? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, by which Local Authority?											
Social Worker name:											
Social Worker phone number:											
SECTION B: Change of contact information											
<i>Only complete this section if you are changing contact information.</i>											
The change of contact information below is for											
<input type="checkbox"/> Parent/carer for a child or young person receiving home to school or Post 16 travel assistance Parent/carer name: _____											
<input type="checkbox"/> Young person receiving Post 16 travel assistance and living away from home											
Mobile phone number:											
Home phone number:											
Work phone number:											
Email address:											

SECTION C: Change of home address <i>Only complete this section if you are updating the home address.</i>										
New Home Address:										
	Post code:									
SECTION D: Change of emergency contacts <i>Only complete this section if you are updating emergency contact details. Add addition in further information if required.</i>										
Full name:										
Contact phone number:										
Alternative phone number:										
Address:										
	Postcode:									
SECTION E: Change of school, college, or apprenticeship <i>Only complete this section if there is a change of school, college or apprenticeship.</i>										
School name:										
Address:										
	Postcode:									
Phone number:										
Date started/starting at this placement: <i>DDMMYYYY format</i>										
Date travel assistance requested to start: <i>DDMMYYYY format</i>										
Type of 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										
SECTION F: Cease travel assistance <i>Only complete this section if you no longer need travel assistance.</i>										
I no longer require travel assistance, effective from / / (DD/MM/YYYY)										

SECTION G: Change in needs

Only complete this section if there is a change in need for travel assistance.

Please describe the change in needs relating to your travel assistance support. Provide additional evidence as required (e.g. medical information).

SECTION H: Declaration**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 form 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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Designation if not the parent/carer/young person

OFFICE USE ONLY		
Eligibility and Information Confirmation		
Is the child a LB Hackney 'looked after child'? <i>If yes, notify HLT Virtual School Plan Co-ordinator</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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
Additional information/comment:		
Changes Applied		
Changes provided on this form have been recorded in relevant systems and against pupil records	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Relevant services areas have been notified or received change information provided on this form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comment:		
Officer (name):		
Signature:	Date:	
If changes to travel assistance arrangements as a result of the change in circumstance or details:		
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:		
Escort required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commencement Date:		
Additional information:		
Officer (name):		
Signature:	Date:	