

# Request for Travel Assistance for Post 16

Application for home to school or college travel assistance for young people 16-19 years and continuing students 19-25 years with an Education, Health and Care Plan.

## Information and guidance on completing this form

Who should complete this form:

- Parent or carer if the young person still lives at home
- Young person if you are living independently (away from home)

You should only fill in this form if you are a resident of Hackney.

Please write clearly and complete all required sections of this form, as outlined in Section A below.

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

If you leave out information, your application form may be returned to you for completion, which will delay any decision regarding provision of travel assistance.

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**, available on the [Hackney Local Offer](#), and the **Post 16 Travel Policy Statement** (<https://www.learningtrust.co.uk/14-19/Pages/finance.aspx>) for further information regarding eligibility criteria, travel assistance, and appeals or complaints procedures.

**Applications must be received by Hackney Learning Trust by the end of June** or there may be a delay in providing travel assistance for the start of the academic year.

## Return your completed application

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

**By Email**     [SEND.admin@learningtrust.co.uk](mailto:SEND.admin@learningtrust.co.uk) with subject line 'Travel Assistance Application'

### SECTION A: Reason for application for Travel Assistance

Refer to the **Travel Assistance Guide for Parents, Carers and Young People** and **Post 16 Travel Policy Statement** for information on eligibility and reasons for application.

What is the main reason for your application for travel assistance?

- |  |  |
|--|--|
| <input type="checkbox"/> I (young person) am already receiving Travel Assistance from Hackney Learning Trust and I have a Statement of Special Educational Need, Education Health and Care Plan, or mobility or disability issues. | Please complete <u>only</u> sections B, C, and F.    |
| <input type="checkbox"/> I (young person) have a Special Education Need, disability or mobility need which prevents me from being able to travel safely or easily to school/college.   | Please complete <u>only</u> sections B, C, E, and F. |
| <input type="checkbox"/> I (parent/carer/young person) am applying for travel assistance under the low income families or income assessed criteria.  | Please complete <u>only</u> sections B, C, D and F.  |
| <input type="checkbox"/> Other   | Please complete <u>ALL</u> sections                  |

SECTION B: Contact information										
Young Person's Details										
First name:										
Surname:										
Date of Birth: <i>DDMMYYYY format</i>										
Age at start of course:										
Gender:										
Mobile phone number:										
Home phone number:										
Email address:										
Home Address:										
	Post code:									
Does the young person have a Statement of Special Educational Needs or an Educational Health and Care Plan naming this school/college?										<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the young person receive the mobility element of the Disability Living Allowance?										<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the young person receive, or has he/she applied for, any other form of support with home to school/college travel?										<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:										
Parent / Carer Details (for young person living at home with parent(s)/carer)										
Name:										
Relation to young person:										
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>										
National Insurance Number:										
<b>Other Contacts</b>										
Is the young person 'looked after' by Social Care? <input type="checkbox"/> Yes <input type="checkbox"/> No										
If yes, by which Local Authority?										
Does the young person have an allocated Social Worker? <i>If yes, please provide contact details</i> <input type="checkbox"/> Yes <input type="checkbox"/> No										
Social Worker name:										
Social Worker phone number:										
<b>Emergency Contact Information</b>										
For safety reasons we require <u>two</u> emergency contact numbers 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 <b>Travel Assistance Guide for Parents, Carers and Young People</b> for further information.										
<b>Emergency Contact 1</b>										
Full name:										
Contact phone number:										
Alternative phone number:										
Address:										
	Postcode:									
<b>Emergency Contact 2</b>										
Full name:										
Contact phone number:										
Alternative phone number:										
Address:										
	Postcode:									

<b>SECTION C: School, College or Apprenticeship Information and Attendance Details</b>													
Are you a full time student?										<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you on an apprenticeship programme?										<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you employed/self-employed and in part-time education?										<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you volunteering full time (at least 20 hours a week) and in part-time education?										<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the School/College you attend/will be attending the nearest to your home address?										<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>School or College Details</b>													
School/College name: <i>School/college travel to be supported to/from</i>													
School/College address:													
		Postcode:											
School/College phone number:													
Is this school or college in the London Borough of Hackney?										<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<p>If no, please give reasons for studying outside of Hackney.  <i>Please tick the appropriate box and give further information to support your choice of school or college. Attach additional sheets if needed.</i></p> <p><input type="checkbox"/> School or college was selected on religious grounds.</p> <p><input type="checkbox"/> Course not available in Hackney. I have checked with sixth forms and colleges in Hackney.</p> <p><input type="checkbox"/> If course is available in Hackney, please provide reasons for not applying to study this course in Hackney:</p>													
<b>Apprenticeship Programme Details</b>													
Name of apprenticeship programme:													
Address of apprenticeship:													
		Postcode:											

Course or Apprenticeship Attendance Information								
Title of course or apprenticeship studying / to be studied:								
Name of course tutor, Head of Year or apprenticeship lead contact:								
Contact details for course tutor, Head of Year or apprenticeship lead contact:								
Student ID number:								
Start date of course or apprenticeship: <i>DD/MM/YYYY format</i>								
End date of course or apprenticeship: <i>DD/MM/YYYY format</i>								
Date travel assistance is requested to start from: <i>DD/MM/YYYY 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 depending on needs of the child and time of application.</i>								
Is the course or apprenticeship full time or part time?						<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time
Type of placement:		<input type="checkbox"/> Daily Attendance		<input type="checkbox"/> Weekly boarding		<input type="checkbox"/> Termly boarding		
Timetable	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Course / apprenticeship start time								
Course / apprenticeship finish time								
SECTION D: Financial Information								
If you are a young person still living at home, your parent/carer must complete this section. If you are a young person living independently (away from home) you must complete this section. You may be asked to provide proof of benefit to support your application.								
Do you receive: <i>(Tick one box for each of the following)</i>								
Income Support?						<input type="checkbox"/> Yes		<input type="checkbox"/> No
Income-based Jobseeker's Allowance?						<input type="checkbox"/> Yes		<input type="checkbox"/> No
Income related Employment & Support Allowance?						<input type="checkbox"/> Yes		<input type="checkbox"/> No
Child Tax Credit (based on income less than £16,190 and not qualifying for Working Tax Credit)?						<input type="checkbox"/> Yes		<input type="checkbox"/> No
Guarantee element of State Pension Credit?						<input type="checkbox"/> Yes		<input type="checkbox"/> No
I am an asylum seeker, known to the Home Office (NASS), living in the UK						<input type="checkbox"/> Yes		<input type="checkbox"/> No

**SECTION E: Special Educational Needs**

Does the young person have a Statement of Special Educational Needs or an Educational Health and Care Plan naming this school/college?  Yes  No

If no to the above question, is there a, disability or mobility condition requiring travel assistance to/from home and college/apprenticeship?  Yes  No

Please indicate if any of the following apply to your child

- |  |  |
|--|--|
| <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 the young person's Special Educational Needs, disability, or mobility issues affect your ability to transport him/her to school, college or apprenticeship.

**Current home to school, college or apprenticeship travel arrangements**

How is the young person currently travelling to school, college or apprenticeship?

**Transport by parent/carer, family or other adult**

*If you 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.

*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 young person	School/Nursery (if applicable)

#### SECTION F: Transport 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 of travel assistance for the young person?  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 the young person walk on safe routes from home to school/college/apprenticeship?

Yes  Yes, if escorted  No

Can the young person use public transport from home to school/college/apprenticeship?

Yes  Yes, if escorted  No

If no, please explain why not.

*Please describe the journey between home and school/college/apprenticeship. Please include approximate timings and particular hazards. You may find the Transport for London journey planner ([www.tfl.gov.uk](http://www.tfl.gov.uk)) useful.*

**Travel Assistants while travelling in a vehicle**

Travel Assistants are only provided where necessary for safety reasons.

Do you consider the young person to require a Travel Assistant (in addition to the driver of the vehicle)?

Yes  No

Please explain why a Travel Assistant is necessary.

If so, is the parent/carer willing to act as Travel Assistant and accompany the young person?  Yes  No

If no, please explain why parent/carer is not able to act as Travel Assistant and accompany the young person.

### Special Requirements

Can the young person climb a few steps in to a vehicle?  Yes  No

Does the young person use a wheelchair or special buggy?  Yes  No

If yes, please provide the make and model details:

If the young person 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 the young person when travelling? (e.g. special harness or seat.) Please provide details.

**Medical Needs**

Does the young person have epilepsy?  Yes  No

Does the young person require suctioning?  Yes  No

Does the young person have any other medical condition which transport operators should be aware of? If yes, please detail below.  Yes  No

If the young person has epilepsy, or another condition which operators need to be aware of, please provide the following information.

- 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?

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.

Please provide a copy of the young person current medical or care plan. Transport may not be provided until a current care plan has been received. Please attach further sheets if necessary.

Does the young person have any allergies?

Yes  No

Does the young person 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. Attached 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 me/my child as a result of this application.
- I will write and tell you immediately if I/my child leaves or transfers to a different school, college or apprenticeship, or if my contact details change. I understand that if the home address changes, then I/my child may no longer be eligible to receive travel assistance.
- If I/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**

<b>Full Name</b>		<b>Date</b>	
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**Please return your completed form**

**By Post: SEND Administration Team  
Hackney Learning Trust  
1 Reading Lane,  
London E8 1GQ**

**By Email: [SEND.admin@learningtrust.co.uk](mailto:SEND.admin@learningtrust.co.uk) with subject line 'Travel Assistance Application'**

**Applications must be received by Hackney Learning Trust by end of June** or there may be a delay in providing travel assistance for the start of the academic year.

OFFICE USE ONLY	
<b>Eligibility and Information</b>	
Is the young person a Hackney resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the young person have an EHCP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the young person a LB Hackney 'looked after child' or known to social services? <i>If yes, notify HLT Virtual School Plan Co-ordinator of application and outcome</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the home to school/college/apprenticeship distance (miles):	_____
Was/is the young person between 16-19, or 16-25 if they have an EHCP, during the first academic year of their course/apprenticeship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the course or apprenticeship full time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the course or apprenticeship based in Hackney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the placement in an authority maintained or DfE recognised school/college?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is the placement in a recognised college?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the young person receive DLA mobility allowance or other support with travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the family receive the appropriate benefit, tax credit and NASS support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has proof of address and any applicable benefits been received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional information/comments:	
<b>Application Approval</b>	
Travel assistance agreed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment:	
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:
<b>Travel Assistance Arrangements</b>	
Type of travel assistance 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/comments:	