



Assisted Visits Scheme Claim Form for Oakhill Secure Training Centre Visits

Personal Details

1.	Your full name	
2.	Your home address	
		Postcode:
3.	Your daytime phone numb	er
4.	Your email address	
5.	Your date of birth	
6.	How are you related to the	young person you have visited:
Mo	ther/Stepmother Si	ster/Stepsister Grandfather Aunt
F	ather/Stepfather Broth	er/Stepbrother Grandmother Uncle
	Guardian Other	
Ot	her Visitors	

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- 14	

The YCS can help pay for 2 visitors over 16 years of age and up to 3 children who are close relatives of the young person.

Name	Age (if under 16)	Relationship to young person
	Adult	
	Under 16	
	Under 16	
	Under 16	

Details of the Visit

1.	Young person's Name			
2.	Date and time of Visit	Date: Time:		
3. Pl	How did you travel to the S Car Car Case note that the Assisted Visits Schei	Train	res exce	Bus pt in exceptional circumstances.
4.	What time did you leave yo	our home address	?	am/pm
5.	. What time did you return to your home address?			
6.	If you travelled by car, how	far is the journey	?	miles

Please note that mileage claimed will be audited against calculations of the shortest distance between home and STC.

- If you travelled by train/bus, please send your tickets/receipts for reimbursement.
- If you have very young children who needed to be looked after at home whilst you visited, the YCS can help with the cost of a Registered Childminder. If you need help with these costs, please contact us.
- If you had to travel on separate days due to long journey times, the YCS can help with a contribution towards an overnight stay in local accommodation. Please contact us for details.

Payment

Payment of claims can be made either by cheque or by BACS transfer directly into your bank account.

For BACS payment, please complete the following details

Sort Code									
Account Number									
Name of Account Holder									
Name of Bank									
OR: For cheque payments, please state to whom the cheque should be made payable			Plea	se mak	ce the c	cheque	payab	le to:	

Declaration

I declare that the information I have given on this form is, to the best of my knowledge, true. I understand that I may be prosecuted if I make a false declaration on this form.

Signed:	1	Date:	
- 3			



Before sending, please ensure that -

- You have answered all of the questions
- You have enclosed bus/train tickets/receipts
- You have signed and dated the declaration

The STC must receive your claim within 28 days of your visit.

Data Protection Statement &

The information provided on this form by you to the YCS is required by us to process your payment under the YCS Assisted Visits Scheme. When we process your personal information, we are obliged to comply with the General Data Protection Regulation (GDPR).

Once completed, please post this form to:

Chalgrove Field	If posting, please mark your envelope "FAO The Assisted Visits Administrator".

FOR STC OFFICE USE ONLY:

Check:			$\overline{\mathbf{V}}$	3 C		
Form received within 28 days of visit?						
Young p	ersor	n is sentenced and not on remand?				
All visito	rs cla	nimed for are eligible under the scheme?				
All visito	rs cla	imed for visited on the date stated?				
Paymen	t cal	culation:				
Travellin	g					
Subsiste	nce					
		TOTAL	£			
Signed:		Date:				
On beha	of of	Oakhill STC				

FOR YCS STAFF USE ONLY:

Claim certified by:

Signature		
Print Name		
Grade	YCS Assistant Monitor	
Date		

Claim Form V1.0: Revised 01.09.2023