

# Senior Concessionary Card Application Form

Please complete in **BLOCK CAPITALS** and in black ink

First Name

Surname

Date of birth (DD/MM/YYYY)

Telephone/mobile

Address, including post code

National Insurance Number

Email Address

**You must provide one of the following from the list below as proof of your name and age**

- |   |   |
|---|---|
| <input type="checkbox"/> Letter of pension entitlement    | <input type="checkbox"/> Birth Certificate (unless your name has changed)<br><i>If your name has changed, please also provide your deedpoll or marriage certificate</i> |
| <input type="checkbox"/> Current Passport                 | <input type="checkbox"/> Driving licence  |
| <input type="checkbox"/> Medical Card/ Summary Letter     | <input type="checkbox"/> Marriage Certificate (must contain your date of birth)   |
| <input type="checkbox"/> Biometric Residency Permit (BRP) |   |

**You must also provide one example from the list below as proof of address**

- |  |   |
|--|---|
| <input type="checkbox"/> Current Council tax bill/ letter/ payment book                                  | <input type="checkbox"/> Current Television Licence   |
| <input type="checkbox"/> Tenancy agreement   | <input type="checkbox"/> Department of Work and Pensions letter / PIP, dated in the last three months |
| <input type="checkbox"/> Residential Utility Bill dated in the last three months (not mobile phone bill) | <input type="checkbox"/> Residential Credit Card statement, dated in the last three months            |
| <input type="checkbox"/> Residential Bank/Building Society statement, dated in the last three months     |   |

# Senior Concessionary Card Application Form

**I wish to apply for a companion to travel with me for free. I may be eligible under the following criteria:**

- I am visually impaired and I am registered sight impaired or severely sight impaired with Nottingham City Council's Adult Sensory Team.
- I need to use a wheelchair at **all** times (both indoors and outdoors).
- I have a learning disability that prevents me from travelling alone. I am under the care of Nottingham City Council's Wholelife Disability Team.

**I am of state pension age (or over) and a permanent resident of Nottingham City. I accept the conditions of the Concessionary Travel Scheme. I understand that the provision of any false information as part of this application may render me liable to prosecution and that the pass remains the property of Nottingham City Council.**

Your Signature

Date (DD/MM/YYYY)

*Information provided in this application may be shared with relevant parties to determine eligibility.*

**Your senior concessionary card also includes other features in addition to the travel benefits. From time to time we would like to send you information about these additional benefits.**

- I do wish to receive information or promotion material from Senior Concessionary Card or its partners

**How would you like us to get in touch with you? Please tick all that apply.**

- Post
- Telephone
- Email