

# Application for your National Entitlement Card



This form is for ALL applications, including photo updates. Do not use this form to get a replacement card. Before completing this form, please read the guidance notes, list of acceptable proofs and Terms and Conditions available at [www.entitlementcard.org.uk](http://www.entitlementcard.org.uk). If you require help completing this form please contact **your local council**. Please use **BLACK ink** and write within the boxes.

Title	<input type="text"/>	<b>Affix Photo Here (Unless Referee Section Completed)</b>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	
First Name*	<input type="text"/>	
Middle Name(s)*	<input type="text"/>	
Surname*	<input type="text"/>	
Date of Birth*	<input type="text"/>	
Address*	<input type="text"/>	
Town/City*	<input type="text"/> Postcode* <input type="text"/>	
Telephone	<input type="text"/>	
Mobile Phone	<input type="text"/>	
Email address	<input type="text"/>	

\* = Required

I confirm that, as far as I know, the details I have provided are complete and accurate and I understand that action may be taken against me if I have provided false information or if I misuse the services provided. I understand that I must promptly inform my council of any changes that may affect my entitlement to services.

I have read the information on this form and the Terms and Conditions at [www.entitlementcard.org.uk](http://www.entitlementcard.org.uk) and agree to the processing of the personal details on this form to the extent necessary for the administration of the National Entitlement Card scheme and provision of Concessionary Travel.

Signature

Date

Please state your name if signing on behalf of another as referee/parent/guardian

## Photo Referee's Declaration – to be completed by a Referee if no photo proof is available.

If this section is completed this form **must** be submitted through your Local Council.

Name

Profession or position in the community

Your employer's name and the address you work at.

Postcode

Work phone no.

I confirm that I have known (applicant's name)  for  years as  – for example as an employee, colleague, friend.

I have dated and signed the back of the applicant's photo to confirm it is a true likeness. I confirm that as far as I know, the details I have provided are complete and accurate and I understand that action may be taken against me if I have provided false information.

Details of how your information will be used are available at [www.entitlementcard.org.uk](http://www.entitlementcard.org.uk).

Signature

Date

# Proof Verification - For completion by Verification Staff only.

**Applicant ID:** \_\_\_\_\_  
(Name & DoB of Applicant)

<b>Proof of Person, Address and Photograph</b>	<b>Young Scot, EURO Under 26, PASS Proof/ID Shown</b>
Proof of Person has been provided <input type="checkbox"/>	<i>Young Scot Opt out</i> <input type="checkbox"/>
Proof of Address has been provided* <input type="checkbox"/>	PPT <input type="checkbox"/> DL <input type="checkbox"/> REF# _____
Proofs of Photo has been provided <input type="checkbox"/>	<b>Or:</b> REF <input type="checkbox"/> + BC <input type="checkbox"/> REF# _____

<b>Proof of Travel Entitlement</b>			
DLA – H/MRC <input type="checkbox"/>	PIP – SRL <input type="checkbox"/>	PIP – ERL <input type="checkbox"/>	RES CARE / HOSP + <input type="checkbox"/>
AA <input type="checkbox"/>	WAR PEN CON AA <input type="checkbox"/>	SSI <input type="checkbox"/>	REG. NO. _____
<i>Companion Opt out</i> <input type="checkbox"/>		<i>(SSI formerly Blind &amp; SI formerly Partially Sighted)</i>	
DLA – HRM <input type="checkbox"/>	PIP – SRM <input type="checkbox"/>	PIP – ERM <input type="checkbox"/>	BLUE BADGE <input type="checkbox"/>
SI - Reg. No. _____ <input type="checkbox"/>	D206 <input type="checkbox"/>	D235 <input type="checkbox"/>	D220 <input type="checkbox"/>
NS57 <input type="checkbox"/>	NCT002 <input type="checkbox"/>	NCT002a <input type="checkbox"/>	NCT003 <input type="checkbox"/>
TILL/DS1500 <input type="checkbox"/>	LIMB LOSS-LOW <input type="checkbox"/>	LIMB LOSS-UP <input type="checkbox"/>	LIMB LOSS-UP/LOW <input type="checkbox"/>
DLREV <input type="checkbox"/>	DEAF <input type="checkbox"/>	VET CERT <input type="checkbox"/>	WAR PEN MOB SUP <input type="checkbox"/>
VOL <input type="checkbox"/>			
PDI <input type="checkbox"/>			
<b>Expiry Date</b>			____/____/____

<b>Referee Contact Details confirmed</b>	<b>Referee Confirmation</b>
Work? <input type="checkbox"/> Company / Employer? <input type="checkbox"/>	Not related / living with / in relationship with applicant? <input type="checkbox"/>
Position? <input type="checkbox"/> Signed photo? <input type="checkbox"/>	How long known applicant? ____ years.
Over 25? <input type="checkbox"/>	How old is applicant? ____ years
Date contacted: ____/____/____	How do you know age? _____
Contacted by: _____	Confirmed address as on application? <input type="checkbox"/>
Comments:	Comments:

<b>Authorised By:</b>	<b>LA CODE 02 FAD CODE</b> _____
Name: _____	Signature: _____
Date: ____/____/____	<b>Authorising Stamp</b>
<b>Reason for Application:</b>	
New <input type="checkbox"/> Renewal <input type="checkbox"/> Photo Update <input type="checkbox"/> Re-verification <input type="checkbox"/> Change of Details <input type="checkbox"/>	
*Address Proof _____	
Processing Date: ____/____/____	Destruction Date: ____/____/____