

# 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 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"/>	<div style="border: 1px solid black; padding: 10px; text-align: center;">Include passport style photo</div>
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"/> <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 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:** \_\_\_\_\_

<b>Proof of Person, Address and Photograph</b> Proof of Person has been provided <input checked="" type="checkbox"/> Proof of Address has been provided <input checked="" type="checkbox"/> Proofs of Photo has been provided <input checked="" type="checkbox"/>	<b>Young Scot, EURO Under 26, PASS Proof</b> Young Scot Opt out <input checked="" type="checkbox"/> PPT <input checked="" type="checkbox"/> DL <input checked="" type="checkbox"/> REF# _____ <b>Or:</b> REF <input checked="" type="checkbox"/> + BC <input checked="" type="checkbox"/> REF# _____
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<b>Proof of Travel Entitlement</b>			
DLA – H/MRC <input checked="" type="checkbox"/>	PIP – SRL <input checked="" type="checkbox"/>	PIP – ERL <input checked="" type="checkbox"/>	RES CARE / HOSP + <input checked="" type="checkbox"/>
AA <input checked="" type="checkbox"/>	WAR PEN CON AA <input checked="" type="checkbox"/>	BLIND <input checked="" type="checkbox"/>	
Companion Opt out <input checked="" type="checkbox"/>			
DLA – HRM <input checked="" type="checkbox"/>	PIP – SRM <input checked="" type="checkbox"/>	PIP – ERM <input checked="" type="checkbox"/>	BLUE <input checked="" type="checkbox"/>
PS <input checked="" type="checkbox"/>	D206 <input checked="" type="checkbox"/>	D235 <input checked="" type="checkbox"/>	D220 <input checked="" type="checkbox"/>
NS57 <input checked="" type="checkbox"/>	NCT002 <input checked="" type="checkbox"/>	NCT002a <input checked="" type="checkbox"/>	NCT003 <input checked="" type="checkbox"/>
TILL/DS1500 <input checked="" type="checkbox"/>	LIMB LOSS-LOW <input checked="" type="checkbox"/>	LIMB LOSS-UP <input checked="" type="checkbox"/>	LIMB LOSS-UP/LOW <input checked="" type="checkbox"/>
DLREV <input checked="" type="checkbox"/>	DEAF <input checked="" type="checkbox"/>	VET CERT <input checked="" type="checkbox"/>	WAR PEN MOB SUP <input checked="" type="checkbox"/>
VOL <input checked="" type="checkbox"/>	<b>Expiry Date</b> ____/____/____		

<b>Referee Contact Details confirmed</b> Work? <input checked="" type="checkbox"/> Company / Employer? <input checked="" type="checkbox"/> Position? <input checked="" type="checkbox"/> Signed photo? <input checked="" type="checkbox"/> Over 25? <input checked="" type="checkbox"/>  Date contacted: ____/____/____ Contacted by: _____ Comments:	<b>Referee Confirmation</b> Not related / living with / in relationship with applicant? <input checked="" type="checkbox"/> How long known applicant? ____ years. How old is applicant? ____ years How do you know age? _____ Confirmed address as on application? <input checked="" type="checkbox"/> Comments:
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<b>Authorised By:</b>	<b>LA CODE</b> ____ <b>FAD CODE</b> ____
<b>Name:</b> _____	<b>Signature:</b> _____
<b>Date:</b> ____/____/____	<b>Authorising Stamp</b>
<b>Reason for Application:</b> New <input checked="" type="checkbox"/> Renewal <input checked="" type="checkbox"/> Photo Update <input checked="" type="checkbox"/> Re-verification <input checked="" type="checkbox"/> Change of Details <input checked="" type="checkbox"/>	
<b>Processing Date:</b> ____/____/____	<b>Destruction Date:</b> ____/____/____