

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. If you require help completing this form please contact Midlothian Council. Please use **BLACK ink** and write within the boxes.

Title	<input type="text"/>	Affix Photo Here (Unless Referee Section Completed)
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"/>	
Young Scot Only - I would like free bus travel added to my card * Yes <input type="checkbox"/> No <input type="checkbox"/>		

* = 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.

If you wish to know more about how Midlothian Council collects, uses and shares your personal information please use the following link <https://www.midlothian.gov.uk/privacy>.

I have read the information on this form and the Terms and Conditions at 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 to Midlothian 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.

Signature

Date

Proof Verification - For completion by Verification Staff only

Applicant ID: _____

<p>Proof of Person, Address and Photograph</p> <p>Proof of Person has been provided <input type="checkbox"/></p> <p>Proof of Address has been provided <input type="checkbox"/></p> <p>Proofs of Photo has been provided <input type="checkbox"/></p>	<p>Young Scot, EURO Under 26, PASS Proof</p> <p>Young Scot Opt out <input type="checkbox"/></p> <p>PPT <input type="checkbox"/> DL <input type="checkbox"/> REF# _____</p> <p>Or: REF <input type="checkbox"/> + BC <input type="checkbox"/> REF# _____</p>
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Proof of Travel Entitlement	
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"/> BLIND <input type="checkbox"/>
Companion Opt out <input type="checkbox"/>	
DLA – HRM <input type="checkbox"/>	PIP – SRM <input type="checkbox"/> PIP – ERM <input type="checkbox"/> BLUE <input type="checkbox"/>
PS <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"/>	Expiry Date ____ / ____ / ____

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