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STROUD DISTRICT COUNCIL

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Travel Token Application Form

Section 1 Application

I am applying for travel tokens.

Section 2 Personal details

Full Name			
Address			
Post Code		Email	
Date of Birth		Telephone	
Please tick if you would like to receive information about the Council by email.			<input type="checkbox"/>

Section 3 Eligibility (*Please tick the box that applies*)

I am aged 60 or over	
I am a registered blind person	
I am without speech	
I am profoundly or severely deaf	
I do not have arms or have long-term loss of the use of both arms	
I have a disability (or have suffered an injury), which has a substantial and long-term adverse affect on my ability to walk, and I have been awarded the higher rate Disability Living Allowance (DLA) for help with getting around.	
If I applied, I would be refused the grant of a licence to drive a motor vehicle pursuant to Section 92 of the Road Traffic Act 1988 (physical fitness), otherwise than on the ground of persistent misuse of drugs and alcohol.	
I have a learning disability. It is a state of arrested or incomplete development of the mind, which includes significant impairment of intelligence and social functioning.	

Section 4 Declaration

I declare that:	Tick Box
a) I enclose a copy of a document that proves my age or disability.	
b) I am a resident in the Stroud District Council area.	
c) The information given is, to the best of my knowledge, true and correct.	
d) I UNDERSTAND THAT I AM ENTITLED TO ONLY ONE ALLOCATION OF TOKENS OR A BUS PASS PER YEAR (April-March)	
e) I understand that any information you provide in this application may be used by the Council in the detection and prevention of fraud.	
Signed _____	Date _____

Office Use Only Evidence seen (please tick box)					
Passport / Driving Licence		DSS Registration		Disability Living Allowance letter	
Doctor's Letter		Pension Book		Other (Please specify)	