

T



STROUD DISTRICT COUNCIL

Council Offices Ebley Mill Stroud Gloucestershire GL5 4UB

Telephone 01453 754417

Facsimile 01453 754936

www.stroud.gov.uk

con.fares@stroud.gov.uk

Travel Token Application Form 2009/2010

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 2009-March 2010). | | |
| Signed | | Date |

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