

BUS PASS APPLICATION FORM FOR PEOPLE AGED 60 OR OVER

Do NOT use this form if:

- you have previously had a pass and either need a replacement or moved within Wales.
- you are not yet 60 years of age and need to apply on grounds of disability.
- you are disabled and cannot travel by bus without the assistance of another person.

If so, please contact your local Council

Caerphilly on 01443 866550

Newport on 01633 656656

Rhondda Cynon Taf on 01443 425001

Title (✓)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gender (✓)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Surname	<input type="text"/>																			
First name(s)	<input type="text"/>																			
Date of Birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
House No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	or House name		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street	<input type="text"/>																			
Town / Village	<input type="text"/>																			
Post code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tel. No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
E-mail address	<input type="text"/>																			
Council of Residence (✓)	Caerphilly <input type="checkbox"/>	Newport <input type="checkbox"/>	Rhondda Cynon Taf <input type="checkbox"/>																	

Please write your name and date of birth on the back of a **passport approved** colour photograph.

The issuing Office will attach photo in space.

Declaration: I confirm that the information given above is correct. I understand that if any details are found to be false, my pass will be cancelled and I may have to pay any costs arising from the issue or use of a pass.

General Data Protection Regulation: Personal data provided by you will be processed in accordance with the General Data Protection Regulation for the purpose of administering concessionary travel passes. This information should be read in conjunction with each Council's respective Privacy Notice.

National Fraud Initiative: The Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For more information about how the Council processes personal data, please see your local Council's contact details below;

Caerphilly - Corporate Information Governance Unit on 01443 864222 or

Website: <https://www.caerphilly.gov.uk/My-Council/Data-protection-and-freedom-of-information> or

E-mail: infounit@caerphilly.gov.uk

Newport - Data Protection Officer on 01633 656656 or Website:

<http://www.newport.gov.uk/en/Council-Democracy/GDPR/General-Data-Protection-Regulation-GDPR.aspx>

or E-mail: information.management@newport.gov.uk

Rhondda Cynon Taf - Corporate Governance Unit on 01443 424189 or Website:

<https://www.rctcbc.gov.uk/EN/Council/DataProtectionandFreedomofInformation/DataProtection/Yourinformationrights/Yourinformationrights.aspx> or E-mail Information.Management@rctcbc.gov.uk

Date of Application / / **Signature:** _____

Please return your completed application form to a Post Office within your Local Authority, together with proof of your age & address. Residents of Caerphilly & Rhondda Cynon Taf can also return their application to a Customer Service Office & One4aLL Centre, respectively.

FOR ISSUING OFFICE USE			LS240 September 2018
Office / Name _____	Week <input type="text"/>	Code <input type="text"/>	
I confirm that I have seen the following documents to confirm proof of age & proof of address			
Proof of Age (Tick one of the following)			
Birth Certificate <input type="checkbox"/>	Current Driving Licence <input type="checkbox"/>	Current Passport <input type="checkbox"/>	
Evidence of Address (Tick one of the following)			
Current Council Tax Bill <input type="checkbox"/>	Evidence of Benefits Received <input type="checkbox"/>	Utility Bill, (last quarter) <input type="checkbox"/>	
Recent letter from Department of Work & Pensions or Her Majesty's Revenue and Customs <input type="checkbox"/>	Current Driving Licence <input type="checkbox"/>	Evidence of Rent Payments <input type="checkbox"/>	

Date Stamp