



England's National Concession

## 24/7 DISABILITY NoWcard SUPPLEMENTARY APPLICATION FORM

Please complete this form to apply for a 24/7 Disability NoWcard. Please complete using BLOCK CAPITALS and black ink. Please provide either a copy of a current payslip or a letter from your place of work confirming you work there. Alternatively provide the requested details of your place of work, training establishment or day care service facility.

### Your Details

Your Full Name:	
Your Address:	
Your Postcode:	Your Date of Birth:
Your Tel No:	Your NI Number:

### Evidence

I have enclosed a copy of a (please tick):    PAYSリップ     LETTER FROM MY PLACE OF WORK

If you have not enclosed one of the above documents please complete the information below:

Name & address of place of work / training establishment / Day care service facility:
Name of reference (someone from your place of employment/Day-care centre or your course leader/tutor):
Tel. No. for reference:

**Declaration:** I certify the above information is correct. I understand that the money for this initiative is for those cases involving financial hardship. I agree to an examination of any council records in processing this application and understand that if any details are found to be false or my pass is used contrary to the published terms and conditions (see [www.nowcard.org.uk](http://www.nowcard.org.uk) for terms and conditions of use), my pass will be cancelled and I may have to pay any cost arising from the issue or use of the pass. The information on this form will be used for the administration of NoWcard's English National Concessionary Travel Scheme project and the 24/7 Disability NoW Card Scheme. The data controller is your Local Authority. The Authority is under 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.

Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

Please return form to: ENCTS Officer, The Parkhouse Building, Kingmoor, Carlisle, Cumbria, CA6 4SJ