



**Concessionary
Travel Blind Pass
Application Form
2010/2011**

**Environment
Regeneration &
Community**

Concessionary Travel
Civic Offices
Swindon
SN1 2JH

Tel: 01793 445500
Minicom: 01793 436659
Website: www.swindon.gov.uk

Please read the Concessionary Travel information sheet before you fill in this form

Mr/Mrs/Miss/Ms/Other

First Name

Surname

Address:
.....
.....
.....

Post Code

<p>Please enter your date of birth</p> <p>...../...../.....</p>	<p>Contact telephone number</p> <p>.....</p> <p>Own / Friend / Relative / Ex Directory</p>
--	---

For office use only: Identification		
Vision Services Card	Address Details	Scan Photo



**Concessionary
Travel Blind Pass
Application Form
2010/2011**

**Environment
Regeneration &
Community**

Concessionary Travel
Civic Offices
Swindon
SN1 2JH

Tel: 01793 445500

Minicom: 01793 436659

Website: www.swindon.gov.uk

Data Protection Act

The information you provide will be used to administer the Swindon Borough Council Concessionary Travel Scheme.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided as part of this application 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 further information, see the Council's website (www.swindon.gov.uk/nfi) or contact the council's Internal Audit section at Swindon Borough Council, Civic Offices, Euclid street, Swindon SN1 2JH.

Under the Data Protection Act you can see your own personal information. If you would like to know more about this, please ask for our leaflet 'Access to your personal information'. Or contact the Data Protection Officer at Swindon Borough Council, Civic Offices, Euclid street, Swindon SN1 2JH.

Declaration

I hereby apply to Swindon Borough Council for a Blind Persons Bus Pass under the conditions of the concessionary travel scheme. I am registered as severe sight impaired (blind).

Signature _____ Date ____/____/____

**Please return the completed form to Swindon Direct, One Stop Shop,
Wat Tyler House, Princes Street, Swindon, SN1 2JG.**

**You will need to bring with you your Vision Services Card and evidence of
your address.**