

Apply for your Scottish National Entitlement Card (NEC)

Before completing this form, please read the guidance notes, list of acceptable proofs and Terms and Conditions available at www.nec.scot. Please **DO NOT** submit your application without first completing all mandatory fields or with insufficient evidence to validate your card entitlement. Stirling Council are unable to retain incomplete application forms for an NEC.

If you are under 12 years old **OR** are under 16 years old and claiming concessionary travel, someone with parental responsibility for you **MUST** sign part of the declaration on the rear of this form. If you require help completing this form, **OR** if you need to replace an existing card, contact **your local council**. Please use **BLACK ink**. Items marked * **MUST** be completed; one of the items marked # **MUST** be completed.

Please return to: **Public Transport Co-ordination, Stirling Bus Station, Goosecroft Road, Stirling FK8 1PF**

*FIRST NAME _____

MIDDLE NAME _____

*SURNAME _____

*DATE OF BIRTH ____ / ____ / ____

Female Male Other

GENDER _____

TELEPHONE NUMBER _____

(including area code)

MOBILE NUMBER _____

EMAIL ADDRESS _____

*ADDRESS _____

*POSTCODE _____

**Affix Photo
here unless
Referee
Section
Completed or
no photo
required**

Declaration to be completed by Applicant

A. I confirm that, as far as I know, the details I have provided are complete and accurate and I understand that action may be taken against me if I have provided false information or if I misuse the services provided.

I understand that I must promptly inform my council of any changes that may affect my entitlement to services.

I have read the information on this form and the Terms and Conditions at www.nec.scot and agree to the processing of the personal details on this form to the extent necessary for the administration of the National Entitlement Card scheme.

Applicant Signature (parent / guardian if applicant aged under 12 years old)

Date

B. I confirm that I agree to the processing of the personal details on this form for the provision of Concessionary Travel and would like Concessionary Travel added to cards provided as a result of this application.

Applicant Signature (parent / guardian if applicant aged under 16 years old)

Date

Please PRINT your name below if signing on behalf of another as parent / guardian / attorney:

PHOTOGRAPHIC REFEREE

PHOTOGRAPH: If you are over 11 years old or applying for the national disabled person's travel concession, you MUST provide a passport style photograph. If you have no proof that the photo matches your details given above, the Photo Referee section below MUST be completed by someone who knows you as detailed in the guidance notes at www.nec.scot. DO NOT affix your photo, but provide it along with your completed form and proofs.

Photo Referee's Declaration –to be completed by a Referee if no photo proof is available. If this section is completed this form MUST be submitted through your Local Council to stirlingyoungscot@stirling.gov.uk

Name _____

Profession or position in the community _____

Your employer's name and the address you work at _____

Postcode _____ Work Telephone _____

Alternative Telephone no:

I can confirm that I know (applicant's name) _____ for _____ years as

_____ - for example as an employee, colleague, friend.

I have dated and signed the back of the applicant's photo to confirm it is a true likeness. I confirm that as far as I know, the details I have provided are complete and accurate and I understand that action may be taken against me if I have provided false information. I agree to being contacted in connection with this declaration.

Details of how your information will be used are available at www.nec.scot

Signature

Date

Proof Verification –To be Completed by Verifying Staff Only

Young Scot Card Only (i.e. 11-25 inclusive, Young Scot Opt-Out N)

Either: Passport Reference _____

Or: Driving Licence Reference _____

Or: Photo Referee and Birth Certificate Reference- _____

Referee Contact Details confirmed

Work? Company / Employer?

Position? Signed photo?

Over 25?

Date contacted: _____

Contacted by: _____

Comments:

Referee Confirmation

Not related / living at same address as / in relationship with

How long known applicant? ____ years

How do you know age? _____

Confirmed address as on application?

Comments:

PERSON	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PER	TRAVEL OPT-OUT	<input type="checkbox"/>	Y/N	SIGHT IMPAIRMENT	<div style="border: 1px solid black; padding: 5px; text-align: center;">OFFICIAL STAMP</div>	G IS Y/N
ADDRESS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ADD	(based on signature B. above) YOUNG SCOT OPT-OUT	<input type="checkbox"/>	Y/N	DISABILITY		
PHOTO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PHO	VOLUNTEER	<input type="checkbox"/>	VOL	COMPANION OPT-OUT (if eligible)		

EXPIRY DATE (DD/MM/YYYY) ____/____/____

CARD TYPE TP

VERIFIER CODE

DATE (DD/MM/YYYY) ____/____/____

SIGNATURE _____