



All Day 24/7 Disability NoWcard Supplementary Application Form

The All Day 24/7 Scheme allows disabled NoWcard holders to travel before 9.30am or after 11.00pm Monday to Friday in order to access employment, training or day care

Please complete this form to apply for an All Day 24/7 Disability NoWcard 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, self-employment, training establishment or day care service facility.

Your Details

Your Full Name:

Your Date of Birth:

Your Address:

Your NI Number:

Your Tel No:

Evidence

I have enclosed a copy of a (please tick): Payslip

Letter from my place of work

I am self-employed and enclose a copy of page 1 and page 8 of my latest Tax Return

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

Name and address of place of work, training establishment or Day care service facility:

Name of reference (*someone from your place of employment, Day care centre or your course leader/tutor, or a client/supplier if self-employed*):

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 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 the English National Concessionary Travel Scheme and the 24/7 Disability NoWCard 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: **NoWcard Applications, PO Box 304 Kendal LA9 9GY**

