

Mobility Robin Hood Card Application

Please complete in BLOCK CAPITALS and in black ink

First Name

Surname

Date of birth

Telephone

Address

Post Code

National Insurance Number

Email Address

You must provide one of the following from the list below as proof of your name and age

- | | |
|--|---|
| <input type="checkbox"/> Letter of pension entitlement | <input type="checkbox"/> Birth Certificate (unless your name has changed) |
| <input type="checkbox"/> Current Passport | <input type="checkbox"/> Driving Licence |
| <input type="checkbox"/> Medical Card | <input type="checkbox"/> Marriage Certificate |
| <input type="checkbox"/> Biometric residency permit | |

You must also provide one example from the list below as proof of address

- | | |
|---|---|
| <input type="checkbox"/> Current Council tax bill/letter/payment book | <input type="checkbox"/> Current Television Licence |
| <input type="checkbox"/> Current Housing Association rent book | |

The items below must be dated in the last 3 months

- | | |
|---|---|
| <input type="checkbox"/> Residential Utility Bill (not mobile phone bill) | <input type="checkbox"/> Department of Work and Pensions letter / PIP |
| <input type="checkbox"/> Residential Bank/Building Society statement | <input type="checkbox"/> Residential Credit Card statement |

Mobility Robin Hood Card Application Form

I wish to apply for a Mobility Robin Hood Card under the following criteria:

- | | |
|---|--|
| <input type="checkbox"/> Blind or partially sighted | <input type="checkbox"/> No arms or long term loss of the use of both arms |
| <input type="checkbox"/> Profoundly or severely deaf - hearing loss reaches 70 dBHL minimum. Attach audiology report where available. | <input type="checkbox"/> A learning disability, that is, a state of arrested or incomplete development of mind, which includes significant impairment of intelligence and social functioning - qualifies for specialist services or may have had special educational provision |
| <input type="checkbox"/> Without speech in any language - people whose speech may be slow or difficult to understand DO NOT QUALIFY | <input type="checkbox"/> Would, if applied for, not be granted a motor vehicle licence under Part III of the Road Traffic Act 1998, section 92 (other than on the grounds of persistent misuse of drugs or alcohol) |
| <input type="checkbox"/> A disability, or an injury, which has a substantial long term adverse effect on the ability to walk | |

Please give details of the disability using CAPITAL letters

I wish to apply for a companion to travel with me for free. I am applying under the following criteria:

- I am visually impaired and I am registered blind or partially sighted with Nottingham City Council's Adult Sensory Team.
- I need to use a wheelchair at all times (both indoors and outdoors).
- I have a learning disability that prevents me from travelling alone. I am under the care of Nottingham City Council's Adult Learning Disability Team.

Data provided may be shared with relevant parties within Nottingham City Council to determine eligibility

I have a qualifying disability and I am a permanent resident of Nottingham City. I accept the conditions of the Concessionary Card scheme. I understand that the provision of any false information as part of this application may render me liable to prosecution and that the pass remains the property of Nottingham City Council.

Information included in the application will be shared with an independent medical panel if a referral for assessment is required.

Your Signature

Date

D	D	M	M	Y	Y	Y	Y
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Your Mobility Robin Hood Card also includes other features in addition to the travel benefits. From time to time we would like to send you information about these additional benefits

- I **do** wish to receive information or promotion material from Mobility Robin Hood Card or its partners

How would you like us to get in touch with you? (please tick all that apply)

- Post Telephone email SMS text message

For office use only

- Blue Badge holder War pensioner's mobility statement Higher rate DLA/PIP Reasons for decisions letter