

Application Form for an Apprentice's Bus Pass

You may be eligible for a Thinksmart bus pass that entitles you to free travel for up to 100 journeys on local bus services running in Gloucestershire and to some towns in neighbouring counties.

You will be eligible to receive an apprentice's bus pass from **Gloucestershire County Council** if you are a resident of Gloucestershire, and your apprenticeship is in Gloucestershire or in a town in a neighbouring county served by a direct bus from Gloucestershire. You can find a list of participating services at www.thinktravel.info/thinksmart.

Please note that all fields marked * must be completed for this form to be valid.

Information about you

Title Mr Ms Miss Mrs

Full name*

Date of birth*

Post code*

Preferred contact method* E-mail Telephone SMS Post

Please note that we can contact you more quickly by telephone or e-mail.

Proof of address

Please tick the one document you are enclosing as proof of address*

- | | |
|--|---|
| <input type="checkbox"/> Mobile phone contract | <input type="checkbox"/> Offer of placement letter |
| <input type="checkbox"/> Bank statement | <input type="checkbox"/> Driving licence |
| <input type="checkbox"/> NHS medical card | <input type="checkbox"/> Optical / medical prescription counterfoil |
| <input type="checkbox"/> Benefit book / letter | <input type="checkbox"/> Utility bill |
| <input type="checkbox"/> Council tax bill | |

The document above must be less than a year old. An original document will be returned to you afterwards.

Do you hold a disability-related concessionary bus pass? Yes No

If yes, please insert the long card number in the space provided: _____

Expiry date:

Are you provided with post-16 home to school transport? Yes No

Your apprenticeship

This section must be signed by the manager named.

 Company*

 Date beginning*

 Full postal address*

 Post code*

 Manager's name

 Manager's e-mail address

 Manager's telephone number

I hereby confirm that I am the manager for the named applicant, and will provide evidence to support the applicant's claim when contacted by Gloucestershire County Council.

 Signed*

Your day release (if applicable)

 College attended

 Campus (if applicable)

Declaration

I declare that I am eligible for an apprentice's bus pass and that all information I am providing is honest and correct. If approved, I will abide by Gloucestershire County Council's conditions of use, and accept that they may change occasionally.

I authorise Gloucestershire County Council to use the information I have provided to make inquiries to verify entitlement and detect fraud, and they may share it with other organisations that administer public funds. I accept that my records, including proof of eligibility, will be retained securely by computer database for the purposes of administering the Gloucestershire County Council Concessionary Bus Pass Scheme and to meet statutory obligations.

I confirm that I will return my concessionary bus pass if I move permanently away from the county of Gloucestershire or resign my Apprenticeship. I understand that I am responsible for the cost of a replacement pass in the event that replacement is necessary.

 Signed*

 Print name*

 Date*

Administration

This section for office use only.

 Pass number

 Issue number

 Date dispatched
