

Registration form for Free Travel Scheme

Social Welfare Services

FT 1



- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.
- Please answer **all questions** that apply to you.
- For more information, log on to **www.welfare.ie**.

If you are applying for a replacement pass, please use form FT27

Part 1

Your own details

1. Your PPS No:

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2. Title: (insert an 'X' or specify)

Mr. ☐ Mrs. ☐ Ms. ☐ Other

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3. Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. First name(s):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. Your birth surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. Your mother's birth surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

7. Your date of birth:

D	D	M	M	Y	Y	Y	Y		

Please attach your Birth Certificate if born outside the Republic of Ireland.

Contact Details

8. Your address:

9. Your telephone number:

MOBILE
LANDLINE

10. Your email address:

Declaration

I declare that all the information I have given on this form is accurate and that I permanently live in the Republic of Ireland. I will tell the Department when my circumstances change.

A parent or guardian must sign declaration in respect of applicants under 16 years.

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Signature (not block letters)

Date:

				2	0		
D	D	M	M	Y	Y	Y	Y



Part 1 continued

Your own details

11. Are you?

☐ Single

☐ Widowed

☐ Remarried

☐ Divorced

☐ Married

☐ Cohabiting

☐ Separated

12. If you are married, separated, widowed or divorced, when did you marry?

D D

M M

Y Y Y Y

Please attach your Marriage Certificate if married outside the Republic of Ireland.

13. If you are a Widow or Widower aged 60 - 65, did your late spouse have a Free Travel Pass from this Department?

☐ Yes

☐ No

If yes, please state your late spouse's:

Surname:

First name(s):

Date of birth:

D D

M M

Y Y Y Y

PPS No:

Part 2

Your claim details

Please answer the following questions if you are under 66.

If you are over 66, please proceed to Part 3.

14. Are you getting an occupational pension?

☐ Yes

☐ No

15. Are you getting a social security payment from another country?

☐ Yes

☐ No

If 'Yes' to either of the above, please state:

Type of payment:

Source of payment:

If you are getting a payment from any other agency please give your insurance or claim number:



Part 2 continued

Your claim details

If you are getting a social security pension from another country covered by EU Regulations or a country with which Ireland has a Bilateral Social Security Agreement, please attach documentation from the agency paying your pension.

Please sign below, if you authorise the office paying your Pension or Benefit to provide this Department with information regarding your Pension or Benefit.

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Signature (not block letters)

Date:

--	--

D D

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M M

2	0		
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Y Y Y Y

Part 3

Free travel for your spouse/partner

If you and your spouse/partner named below are living together as husband and wife, and you wish to apply for a Free Travel Pass that will allow them to join you for free when you travel, please fill in the following details:

16. Their PPS No:

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17. Title: (insert an 'X' or specify)

Mr.

--

Mrs.

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Ms.

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Other

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18. Their surname:

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19. Their first name(s):

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20. Their birth surname:

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21. Their mother's birth surname:

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22. Their date of birth:

--	--

D D

--	--

M M

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Y Y Y Y

Please attach their birth certificate if born outside the Republic of Ireland.



Part 4

Free Travel Companion Pass

You may be eligible to get a Free Travel Companion Pass if you are medically assessed as unfit to travel alone. This type of pass allows any one person, aged 16 or over, to travel for free with you. For more information, log on to www.welfare.ie.

23. Do you wish to apply for a Free Travel Companion Pass? ☐ Yes ☐ No

If you are applying for a Free Travel Companion Pass, we may send you another form for further details.

Part 5

Free Travel Companion Pass in respect of a blind person or a visually impaired child

24. If you are registered as a blind person, you must provide documentary evidence or have a person from the National Council for the Blind or the National League of the Blind complete the following:

The person named in Part 1 is registered as a blind person with our organisation.

Signature (not block letters)

Date:

D	D

M	M

2	0		
Y	Y	Y	Y

Council or League Official Stamp

If you are under 18 years and not registered as a blind person with the National Council for the Blind or the National League of the Blind, please attach recent medical evidence of a visual impairment from your eye specialist.

Send this completed application form and relevant documents to:

Free Travel Section
Social Welfare Services
FREEPOST
College Road
Sligo

If you need help to fill in this form LoCall: 1890 500 000 (from the Republic of Ireland only) or +353 71 915 7100 (from Northern Ireland or overseas) or call to your local Social Welfare Office.

Data Protection and Freedom of Information

We, the Department of Social Protection, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

