

Apply for your Scottish National Entitlement Card (NEC)



Please return to:
One Edinburgh, City of Edinburgh Council
Waverley Court C3,
4 East Market Street,
Edinburgh, EH8 8BG

Before completing this form, please read the guidance notes, list of acceptable proofs and Terms and Conditions available at www.nec.scot.

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.

*FIRST NAME _____

MIDDLE NAME _____

*SURNAME _____

*DATE OF BIRTH ____ / ____ / ____

GENDER Female Male Other

#TELEPHONE NUMBER _____
(including area code)

#MOBILE NUMBER _____

#EMAIL ADDRESS _____

*ADDRESS _____

*POSTCODE _____

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.**

Name _____

Profession or position in the community _____

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

Postcode _____

Work Telephone _____

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

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

Declaration to be completed by Applicant after completion of other side of form

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:

Proof Verification –To be Completed by Verifying Staff Only

PERSON	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PER	TRAVEL OPT-OUT	<input type="checkbox"/>	Y/N	SIGHT IMPAIRMENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SIG
			(based on signature B. above)					
ADDRESS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ADD	YOUNG SCOT OPT-OUT	<input type="checkbox"/>	Y/N	DISABILITY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DIS
PHOTO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PHO	VOLUNTEER	<input type="checkbox"/>	VOL	COMPANION OPT-OUT	<input type="checkbox"/>	Y/N
						(if eligible)		

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- _____

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

CARD TYPE TYP

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:

VERIFIER CODE

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

SIGNATURE _____

OFFICIAL
STAMP