



# Taxicard Application Form

Taxicard No:  
Reference:  
Date:

## Section 1 – Information about the applicant

Title (Mr, Mrs, Miss, Ms, other):

First names:

Surname:

Address:

Postcode:

Telephone Number:

Email Address:

Date of Birth (DD/MM/YYYY):        /        /

Are you a wheelchair user?                Yes         No

You MUST provide a copy of the following proofs:

- an original utility bill or bank or Council Tax bill bearing your name and address, dated within the last 12 months or written consent to Clackmannanshire Council to check your personal details on the Council Tax database; and
- a copy of one of the following documents as proof of your identity: Birth/Adoption Certificate, Marriage/Divorce Certificate, Civil Partnership/Dissolution Certificate, valid Driving Licence or valid Passport; or
- I give consent to Clackmannanshire Council to check my personal details on the National Entitlement Card system to confirm my address and identity.

## Section 2 – Evidence of Eligibility

Are you a registered blind – severely sight impaired?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you receive Disability Living Allowance Mobility Component (higher rate) or Care Component (middle or higher Rate)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you receive Personal Independence Payment Mobility Component (standard or enhanced rate) or Daily Living Component (standard or enhanced rate)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you receive Adult Disability Payment Mobility Component (enhanced rate) or Daily Living Component (standard or enhanced rate)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you receive Child Disability Payment Mobility Component (higher rate) or Care Component (higher or middle rate)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you receive War Pensioners' Mobility Supplement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you receive Attendance Allowance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

You MUST enclose a copy of your evidence letter, dated within the last 12 months and confirm the length of benefit entitlement. For blind registration please enclose a copy of your registration card. Then go straight to Section 4.

## Section 3 – Medical Practitioner Declaration

This part must be completed by a medical practitioner if you have answered NO to all questions in Section 2.

I confirm that the applicant has a permanent and substantial disability which seriously impairs their ability to walk.	(Insert official Doctor's Stamp)
Signature:	Print Name:
Job Title:	Practice:

## Section 4 - Data Protection

- All documents relating to your application for Taxicard will be dealt with in line with UK and European Data Protection laws.
- The information provided by you on this application is used solely for the purpose of assessing your eligibility for Taxicard and will be retained by Clackmannanshire Council.
- Only information required for making bookings on your behalf will be supplied to our Joint Public Transport Coordination Centre, based at Stirling Bus Station. Taxicard bookings are operated by Stirling Council on our behalf.
- The Joint Public Transport Coordination Centre will share the required information about you, with the Taxi operator(s), who will undertake the journey.
- Your personal details will not be transferred to any other external agency without your express permission.

Further information on how personal data is used is available on the Clackmannanshire Council website: [www.clacks.gov.uk/regulation/dataprotectionpolicy/](http://www.clacks.gov.uk/regulation/dataprotectionpolicy/)

## Section 5 – Applicant Declaration

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 Clackmannanshire 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.clacksweb/transport/taxicard/](http://www.clacksweb/transport/taxicard/) and agree to the processing of the personal details on this form to the extent necessary for the administration of the Taxicard scheme.

I confirm that I am registered blind or that I have a long term permanent disability which seriously impairs my ability to walk. I agree to abide by the conditions of the scheme and in particular I will not allow anyone else to use my Taxicard.

Signature:

Date:

I enclose:

- 1 passport type photograph, taken within the last 12 months
- 3 separate proofs of eligibility, address and identity (accepted proofs as set out above)

**Please send only photocopies or photographs of supporting documents. Do NOT send original documents, these will not be returned.**

Completed forms and relevant documents can be returned:

**By Post: Public Transport Team, Kilncraigs, Greenside Street, Alloa, FK10 1EB**

**In Persons: For the location and opening hours of your nearest CAP or Council Office:**  
<https://www.clacks.gov.uk/community/caps>

**Email: [ptu@clacks.gov.uk](mailto:ptu@clacks.gov.uk)**

**Please do not send original documents, these will not be returned**