

Part 1 continued

Your own details

11. Are you?

- Single
 Married
 Separated
 Divorced
 Widowed

- Cohabiting
 In a Civil Partnership
 A surviving Civil Partner
 A former Civil Partner
(you were in a Civil Partnership that has since been dissolved)

12. If you are married, in a civil partnership or cohabiting, from what date?

D	D	M	M	Y	Y	Y	Y		

Please attach your marriage certificate or civil partnership or civil union registration certificate if married or registered outside the Republic of Ireland.

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

- Yes No

If yes, please state their:

Surname:

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First name(s):

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Date of birth:

D	D	M	M	Y	Y	Y	Y		

PPS No:

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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:

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Source of payment:

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

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

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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. Log onto www.welfare.ie for more information.

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 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.

Please remember to sign the declaration in Part 1.

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.

