Data Classification R

Application form for

Free Travel for people medically certified unfit to drive

What is Free Travel for people medically certified unfit to drive?

Free Travel for people medically certified unfit to drive allows those, aged between 17 and 66 years of age and medically certified unfit to drive for a period of at least 12 months, to travel free of charge on public transport provided by the State. This includes bus, rail, Local Link and LUAS.

The scheme also allows people to travel free of charge on some private bus and ferry services. You can find a full list of private operators who participate by visiting www.gov.ie/freetravel.

To avail of the Free Travel entitlement, you must register for a Public Services Card. When registered, a Public Services Card which identifies entitlement to Free Travel will be issued.

How to complete this application form?

There are examples on the back of this page that can be used as a guide to fill in this form. Please write with a **black** ballpoint pen, use **capital letters**, place an **X** in the relevant boxes. Please:

- Complete Part 1;
- Sign and date the declaration in Part 2; and
- Have your doctor complete the medical report in Part 3 and the doctor's details in Part 4.

How do I apply?

Send this completed form to:

Free Travel Section

Department of Social Protection Social Welfare Services College Road Sligo F91 T384

How can I get help and further information?

If you need any help to complete this form, please contact the Free Travel section by email at freetravelqueries@welfare.ie or by calling 0818 200 400 or 071 915 7100.

Your local Intreo Centre, Branch Office or any Citizens Information Centre can also help. You can find the name and address of your local Intreo Centre or Branch Office at www.gov.ie/intreocentres.

For more information, visit www.gov.ie/freetravel.

How to fill in this form

To help us process this form please write letters and numbers clearly and use one box for each. See examples below.

Part 1	Y	′ 0ι	ır	de	tai	ls														
1. PPS Number:	1	2	3	4	5	6	7	Т												
2. Title, insert an X or specify:		Mr		X	Mr	s		Ms	3		(Oth	er							
3. Surname:	М	U	R	Р	Н	Υ														
4. First names:	М	Α	U	R	Е	Е	N													
5. Birth surname:	М	С	С	Α	R	Т	Н	Υ												
6. Date of birth:	2	8		0	2		1	9	7	0										
	D	D		M	M		Y	Y	Y	Y										
7. Address:	1		N	Е	W		S	Т	R	Е	Е	Т								
	0	L	D		Т	0	W	N												
	D	0	N	Е	G	Α	L		Т	0	W	N								
	D	О	N	Е	G	Α	L				Eir	cod	le	Α	6	5	F	4	Е	2
8. Telephone number:	0	8	8	1	2	3	4	5	6	7										
9. Email address:	М	М	U	R	Р	Н	Υ	@	W	Е	L	F	Α	R	E		I	Е		

SAMPLE

Social Welfare Services **FTM**

Data Classification R

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Free Travel for people medically certified unfit to drive

Part		10	ur	ae	la	IIS														
1. PPS Number:																				
2. Title, insert an X or specify:		Mr			Mr	s		Ms	3		(Oth	er							
3. Surname:																				
4. First names:																				
5. Birth surname:																				
6. Date of birth:																				
	D	D	·	M	M		Y	Y	Y	Y			1							
7. Address:																				
County											Eir	cod	le							
8. Telephone number:																				
9. Email address:																				
Part 2		De	cla	ra	tio	n														
I declare that all the information I have I am legally resident and living perma provide is untrue or misleading or if I any benefit I receive from the department advise the department if I am no long circumstances which may affect my or	aner fail nen jer d	ntly to c t ar certi	in th liscl Id th	ne S ose nat I l as	tate any ma me	e. I y re ay b dica	und leva e pi ally	ersi ant i	tand info ecut	d tha rma ed.	at if tior I ur	any n, I v ndei	y of will rtak	the be i	inf requ	orm uire ime	atio d to diat	on I rep ely	ay	
								[Date	e:							2	0		
Signature or mark if unable to sign, not capital	lette	rs.									D	D		IVI	M		Y	Y	Y	Y
If you are unable to sign, have your r	marl	< wi	tnes	sse	d ar	nd h	ave	the	e wi	tnes	ss s	ign	bel	ow.						
								[Date	e:]				2	0		
Signature of witness, not capital letters.											D	D		M	M		Y	Y	Y	Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

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Note: Any fee for completion of this	Medical Report by the doctor will have to be paid for by the applicant.									
1. The person named in Part 1 has been my patient since:	D D M M Y Y Y Y									
2. In your professional opinion, is your patient unfit to drive due to a medical condition?	Yes No									
If yes, please answer Question 3.	If no , please go to Part 4 .									
3. How long do you expect your patient to be medically unfit	Less than 1 year 1 to 2 years									
to drive?	3 to 5 years Greater than 5 years									
Part 4	Doctor's details									
Doctor's name:										
IMC number:										
Address:										
County	Eircode Eircode									
	Doctor's official stamp									
Doctor's signature, not capital letters.										
Date: 2 0										

Medical report

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at **www.gov.ie/dsp/privacystatement** or in hard copy.

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

Part 3