



TAXICARD APPLICATION FORM

If you think you may be eligible and currently receive a service from the Health Board or Health and Social Care Department, complete the following sections of the application form and sign the declaration below.

Information about the Applicant

Surname:	<input type="text"/>	Title:	<input type="text"/>
First names:	<input type="text"/>		
Permanent address:	<input type="text"/>		
Postcode:	<input type="text"/>		
Telephone:	<input type="text"/>	Date of Birth:	<input type="text"/>
Email:	<input type="text"/>		
GP name:	<input type="text"/>		
Surgery address:	<input type="text"/>		

Consent

I consent to Travel Concessions, the City of Edinburgh Council contacting my GP and any of the approved agencies listed below in respect of this application:

(your name)

Social Worker
Home Care Organiser
Occupational Therapist
Handicabs

} Health and
Social Care
Department

Occupational Therapist
District/Community Nurse
Health Visitor
Royal National Institute for the Blind

} Health
Board

Eligibility Criteria

Section A – to be completed by the Applicant

Do you use a wheelchair when you go out? (tick appropriate box)

Yes

No

Please tick only **one** of the boxes below and give a brief explanation:

I cannot use ordinary buses at all

I can use buses, but only with assistance

I can use buses unaided, but with difficulty

I can use buses generally

Please give a brief explanation:

Section B – to be completed by the approved agencies

If you currently receive a service from any of the following agencies ask one of them to complete the section below.

Social Worker

Home Care Organiser

Occupational Therapist

Handicabs

} *Health and
Social Care
Department*

Occupational Therapist

District/Community Nurse

Health Visitor

Royal National Institute for the Blind

} *Health
Board*

To be completed by approved agencies only (see list above)

"I confirm that to the best of my knowledge the information given by:

(applicant's name)

_____ is correct.

In my opinion the applicant can use buses:

not at all / only with assistance / unaided / without difficulty (**delete three of these**)

Signed _____ Date _____

Position

Organisation

Address

Official stamp

Telephone

Photograph

I have included a passport style photograph of the Applicant

Payment

I have made payment of £20.00:

- Cheque or postal order made payable to the City of Edinburgh Council
- Via the website xxxxx

Declaration

Please read the declaration below, then sign and date the form below:

“I declare that the information I have given is correct, to the best of my knowledge, and I agree to the Taxicard Conditions of Use”

Signature _____

Date _____