**Carers Pass Application Form**

**Personal Details**

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| Title: | Address: |
| Surname: |  |
| Forename: |  |
| Date of Birth: |  |
| Contact Number: | Postcode: |
| Gender: Male |  | Female |  | Email Address: |
| Name and membership number of member being cared for:(if no membership number please provide date of birth and address) |
| Please provide evidence of carer* A valid ID badge or official letter from the appropriate governing body will be accepted

Please provide photographic ID* This can be a driving licence or passport
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| **I accept this pass is only to be used for assisting the member/members above** |
| Signed: | Date: |

**For official use only**

|  |  |
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| **Evidence of ID seen** |  |
| Signed: | Date: |