**Carers Pass Application Form**

**Personal Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 | | | | |

|  |  |
| --- | --- |
| **I accept this pass is only to be used for assisting the member/members above** | |
| Signed: | Date: |

**For official use only**

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