Application form for
Under 70 Companion Free Travel

Social Welfare Services
FT U/70
Data Classification
Confidential R

What is Under 70 Companion Free Travel?

If you **are** under 70 years of age and in receipt of Free Travel but are unable to travel alone, you may be allowed to have a companion aged 16 years or over to travel with you for free. Entitlement to Under 70 Companion Free Travel may be subject to periodic review.

If you are not in receipt of Free Travel, please also fill out the Free Travel (FT1) registration form available from **www.gov.ie/FT1** or your local Intreo Centre. However, you cannot avail of Free Travel if you do not have a Public Services Card (PSC). To get a PSC, please book an appointment at your local Intreo Centre, details of which can be found at **www.gov.ie/intreocentres**.

If you already have a Public Services Card with Under 70 Companion Free Travel and it is lost, stolen or damaged, please phone 0818 837 000 to request a replacement - do not complete this form.

How to complete this application form?

There is an example on the back of this page that can be used as a guide to fill in this form:

- Write with a **black** ballpoint pen, use **capital letters** and place an **X** in the relevant boxes;
- Complete **Part 1** and **Part 2** of this form and sign and date the declaration; **and**
- Ask your doctor to complete **Part 3**.

Note: You will need your Personal Public Services (PPS) Number to complete this form.

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 **071 915 7100** or **0818 200 400**.

Your local Intreo Centre, Social Welfare Office or any Citizens Information Centre can also help. You can find the name and address of your local Intreo Centre or Social Welfare Office by visiting **www.gov.ie/intreocentres**.

For more information, visit **www.gov.ie/FreeTravelScheme**.

How to fill in this form

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

Part 1 Your details

Field	Example
1. PPS Number:	1 2 3 4 5 6 7 T
2. Surname:	M U R P H Y
3. First names:	M A U R E E N
4. Date of birth:	2 8 (DD) 0 2 (MM) 1 9 4 8 (YYYY)
5. Address:	1 NEW STREET OLD TOWN DONEGAL TOWN
County	D O N E G A L
Eircode	C 1 5 A 9 6 V
6. Telephone number:	0 8 8 1 2 3 4 5 6 7
7. Email address:	M M U R P H Y @ W E L F A R E . I E

SAMPLE

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Part 1 Your details

1. PPS Number:

2. Surname:

3. First names:

4. Date of birth: D D M M Y Y Y Y

5. Address:

County Eircode

6. Telephone number:

7. Email address:

Declaration

I declare that all the information I have given on this form is truthful, accurate and complete, and that I am legally resident and living permanently in the State. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, I will be required to repay any benefit I receive from the department and that I may be prosecuted. I undertake to immediately advise the department of any change in my circumstances which may affect my continued entitlement.

Signature or mark if unable to sign, **not** capital letters.

Date: D D M M 2 0 Y Y

If you are unable to sign, have your mark witnessed and have the witness sign below.

Signature of witness**, not** capital letters.

Date: D D M M 2 0 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.

Part 2 Permission to release medical information

By signing the authorisation below, it will allow your doctor to give the Department of Social Protection the necessary medical information needed for your application for Under 70 Companion Free Travel.

The medical information provided will be reviewed by one of our Medical Assessors and will be treated in strictest confidence.

After you have signed the authorisation, give this form to your doctor and ask them to complete Part 3 below.

I give permission for my doctor to provide the Department of Social Protection medical information that may be required for my application for Under 70 Companion Free Travel.

Date: DD MM 202Y

Signature, **not** capital letters.

If you are unable to sign, have your mark witnessed and have the witness sign below.

Date: DD MM 202Y

Witness signature, **not** capital letters.

Part 3 Medical report

This form should only be completed for a person **under** 70 years of age. The Department of Social Protection will not pay a medical fee if this form is completed for a person over 70 years of age.

Dear Doctor,

To enable us, on behalf of your patient, to assess their eligibility or continued eligibility for Under 70 Companion Free Travel, please complete the medical report on the following pages. It will be reviewed by our Medical Assessors and will be handled in strictest confidence. Although a confidential document, both medical and non-medical people will read it.

You can get a special fee for completing and returning this report. To ensure payment please enter your DSP panel number in the box provided.

The Freedom of Information Act provides for the disclosure of medical or psychiatric information directly to your patient. Where the disclosure of the information to the patient might have a negative effect on their physical, mental health or well-being, this information may instead be given to a medical practitioner, nominated by the claimant.

Medical report

1. Patient details

Surname:

First name:

Address:

County

Eircode

Date of birth:

D D M M Y Y Y Y

PPS Number:

Telephone number:

Note: If a mobile number, the patient may be contacted by text message in relation to a medical assessment.

2. Your patient since:

D D M M Y Y Y Y

3. Diagnosis or diagnoses:

4. ICD10 Codes:

5. Date condition started:

D D M M Y Y Y Y

6. How long do you expect this condition to continue?

- ☐ less than 3 months
- ☐ 3-6 months
- ☐ 6-12 months
- ☐ 12-24 months
- ☐ indefinitely

7. Please give:

Medical history:

Surgical or obstetrical history:

Hospital admissions:

Relevant investigations:

8. Please give details if any of the following apply:

Attending a specialist:

On medication:

Other treatment:

Clinical findings:

9. Please attach any relevant reports or results of investigations.

Additional information:

Medical report

Ability or disability profile

10. Indicate the degree to which your patient's condition has affected their ability in **all** of the following areas:

	Normal	Mild	Moderate	Severe	Profound
Mental Health →	☐	☐	☐	☐	☐
Learning →	☐	☐	☐	☐	☐
Consciousness →	☐	☐	☐	☐	☐
Balance →	☐	☐	☐	☐	☐
Vision →	☐	☐	☐	☐	☐
Walking →	☐	☐	☐	☐	☐

11. A medical assessment by one of the department's Medical Assessors may be required to determine eligibility.

Is your patient medically fit to attend a medical assessment? ☐ Yes ☐ No

If **no**, provide details:

12. Does your patient use a wheelchair for mobility, on a permanent basis? ☐ Yes ☐ No

13. Is your patient registered with the National Council for the Blind or National League of the Blind of Ireland? ☐ Yes ☐ No

Doctor's details

Doctor's name:

DSP panel number:

IMC number:

Address:

County

Eircode

Doctor's signature, **not** capital letters.

Date: DD MM 20YY

Doctor's official stamp

Part 4 Checklist

Are you in receipt of Free Travel? ☐ Yes ☐ No

If no, you must also complete the Free Travel (FT1) registration form available from **www.gov.ie/FT1** or your local Intreo Centre

Have you signed the declaration in **Part 1**? ☐ Yes ☐ No

Have you signed **Part 2** to allow your doctor to share your medical information with the Department of Social Protection? ☐ Yes ☐ No

Has your doctor completed and stamped **Part 3**? ☐ Yes ☐ No

For official use only

Under 70 Companion Free Travel will be awarded if the claimant is considered medically unfit to travel unaccompanied. In this case the applicant is considered to be:

☐ Suitable ☐ Not suitable ☐ More medical evidence required

Date: D D / M M / 2 0 2 Y

Signature, **not** capital letters.

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.