

# Application form for **Over 70 Companion Free Travel**

Social Welfare Services

**FT O/70**

Data Classification

Confidential R



## **What is Over 70 Companion Free Travel?**

If you are 70 years of age or over and in receipt of Free Travel but are unable to travel alone due to a medical condition, you may be allowed to have a companion aged 16 years or over to travel with you for free.

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](http://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](http://www.gov.ie/intreocentres).

If you already have a Public Services Card with 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; and
- Complete **Part 1** and **Part 2** of this form and sign and date the declaration.

**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 do 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](mailto: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](http://www.gov.ie/intreocentres).

For more information, visit [www.gov.ie/FreeTravelScheme](http://www.gov.ie/FreeTravelScheme).

## How to fill in this review form

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

### Part 1

### Your details

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			0	2			1	9	4	8		
D	D			M	M			Y	Y	Y	Y		

5. Address:

1		N	E	W		S	T	R	E	E	T								
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O	L	D		T	O	W	N												
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D	O	N	E	G	A	L		T	O	W	N								
---	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--

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		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

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# SAMPLE

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## Part 1

## Your details

1. PPS Number:

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2. Surname:

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3. First names:

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4. Date of birth:

D	D	M	M	Y	Y	Y	Y		

5. Address:


County

--	--	--	--	--	--	--	--	--	--

Eircode

--	--	--	--	--	--	--	--

6. Telephone number:

--	--	--	--	--	--	--	--	--	--	--	--

7. Email address:


## Part 2

## Your medical conditions

8. Are you unfit to travel alone due to a medical condition?

Yes

No

If **yes**, please confirm your medical conditions that make you unfit to travel alone:

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## 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.

--

Date:

D	D

M	M

2	0		
Y	Y	Y	Y

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

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

--

Date:

D	D

M	M

2	0		
Y	Y	Y	Y

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

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

## 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](http://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.