

APPLICATION FORM continued

- Applicants ticking box C please provide your registration number _____
- Applicants ticking D, E, or F please provide a copy of your current notice of entitlement.

Section 4

Please provide details of any dependants who are not working that you wish to be included on your Leisure Pass Card.

Name of spouse / partner _____

Name of child / children _____

Name of carer _____

I certify that the information I have given is current and correct, and I am a resident of Tonbridge and Malling Borough Council.

Signature of applicant _____

Date _____

Please supply one recent passport size photograph of the applicant. The Application Form may be posted, or hand delivered to Tonbridge and Malling Borough Council offices/leisure facilities. If hand delivered please mark the envelope for the attention of 'Leisure Services'.

If posting please send to:

Leisure Services, Tonbridge and Malling Borough Council, Gibson Building, Gibson Drive, Kings Hill, West Malling, Kent ME19 4LZ.

Your Leisure Pass will be forwarded direct to your home address normally within 10 working days.

This authority is under a duty to protect the public funds it administers, and to this end may use the information provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

2006



Leisure Pass

*A free card that entitles you to
enjoy discounts on leisure
activities provided by Tonbridge
and Malling Borough Council*



Annex 1

Website: www.tmbc.gov.uk

Email: leisure.services@tmbc.gov.uk

Applying for a Leisure Pass



To apply for a Leisure Pass you must be:

- A resident of Tonbridge and Malling Borough Council
- and be in receipt of one or more of the following benefits:
- Unemployment Benefit
- Job Seekers Allowance
- Disability Benefit
- Incapacity or Invalidity Benefit
- Income Support
- Working Tax Credit / Pension Credit

Tonbridge and Malling Borough Council will also consider applications on an individual basis from those who are not in receipt of any of the above, but consider themselves to be on a low income.

To apply for a Leisure Pass please fill in the Application Form and return it with one recent passport size photograph of yourself. The Leisure Pass will be valid for 12 months.



LEISURE PASS ENTITLEMENTS

As a Leisure Pass holder you will be able to get discounts on leisure activities provided by Tonbridge and Malling Borough Council. These include Larkfield Leisure Centre, Angel Centre, Tonbridge Swimming Pool, Tonbridge Sports Ground, Poul Wood Golf Centre, Summer Playscheme, Tonbridge Allotments, Tonbridge Castle Exhibition, some coaching courses, events, and Y:2 Crew.

A list of all discounts and up to date concessionary charges will be forwarded directly to you with your Leisure Pass.

FAMILY MEMBERS AND CARERS

Your Partner / Spouse may also be eligible for a Leisure Pass in their own name. Please complete a separate Application Form.

Your child / children will need to be included on your card and listed as dependants. Please complete section 4 of the Application Form. Children will be charged the member concessionary rate.

Details of Carers who accompany Leisure Pass holders will need to be completed on the Application Form. Carers attend free of charge.

A copy of this leaflet is available in large print please telephone 01732 876175.

APPLICATION FORM

If you have difficulty in completing this form or have any queries regarding the scheme please telephone **01732 876175**.

If you are renewing your Leisure Pass, please complete the form and send it with your old Leisure Pass.

Please complete all sections of the form using capital letters and tick boxes as appropriate.

Section 1

Title: Mr Mrs Miss Ms Other (Please State)

First Names _____ Surname _____

Address _____

Postcode _____

Email _____ Telephone Number _____

Section 2

Please tick the box that currently applies to you:

- A** Unemployment Benefit
- B** Job Seekers Allowance
- C** Disability Benefit
- D** Incapacity or Invalidity Benefit
- E** Receive Income Support
- F** Receive Working Tax / Pension Credit

Section 3

Applicants ticking boxes A or B please have this form validated at the place where you register for benefit.

To the authorised Officer at:

- Unemployment Benefit Office**
- Job Centre**
- Government Training Scheme**

Stamp and date this box

Please stamp and date the box above if the person named on this Application Form is currently unemployed and in receipt of Unemployment Benefit or on an authorised Government Training Scheme.