

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 & Malling Borough Council.

Signature of applicant _____

Date _____

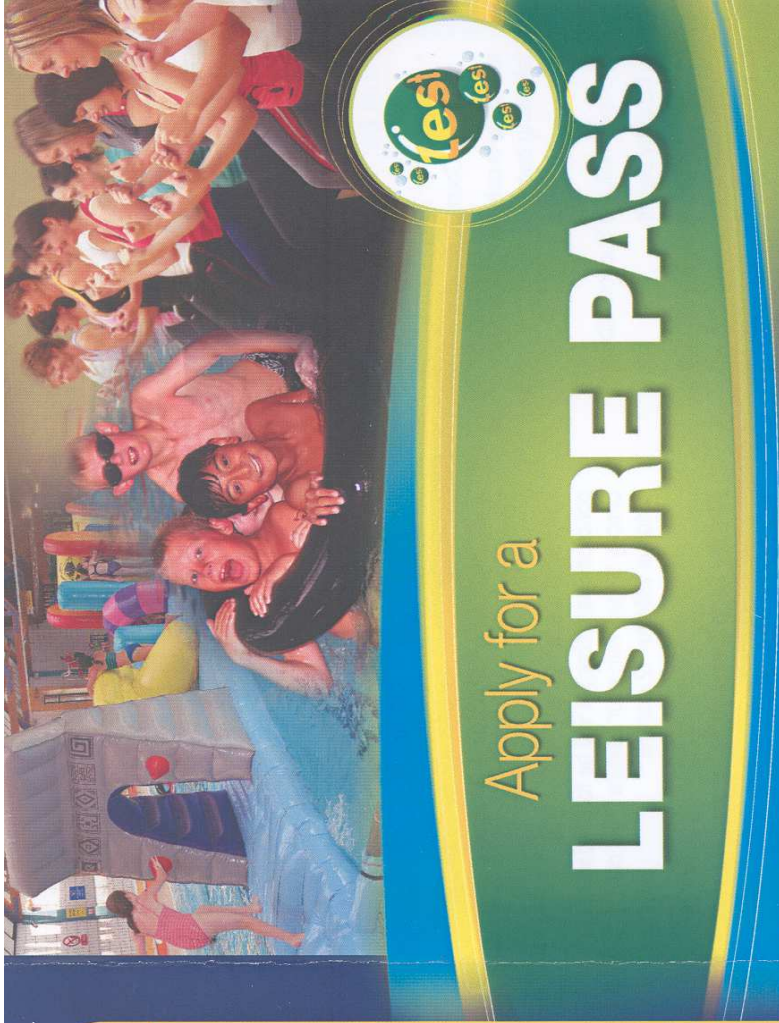
Please supply one recent passport size (max 30mm x 35mm) photograph of the applicant. The application form may be posted or hand delivered to Tonbridge & Malling Borough Council offices/leisure facilities. If hand delivered please mark the envelope for the attention of 'Leisure Services'.

If posting please send to:
Leisure Services, Tonbridge & 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 council is under a duty to protect the public funds it administers and to this end may use the information you have 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. See www.tmbc.gov.uk/DPN Notice for further information."

2009



Apply for a LEISURE PASS

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

Angel Centre, Tonbridge
Tonbridge Swimming Pool
Larkfield Leisure Centre
Tonbridge Sports Ground
Poult Wood Golf Centre
Tonbridge Castle
Tonbridge Allotments
Activate Courses
Summer Playscheme
Y2 Crew

ANNEX 1



Tel: 01732 876166
Website: www.tmbc.gov.uk
Email: leisure.services@tmbc.gov.uk

Apply for a

LEISURE PASS



To apply for a Leisure Pass you must be:

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

Tonbridge & 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 card, please complete the attached application form and return it together with one recent passport size photograph of yourself to the address given on the back of the application form.

Leisure Pass Entitlements

As a Leisure Pass holder you will be able to obtain discounts at venues and various sports and leisure activities, run by Tonbridge & Malling Borough Council, as listed on the front page of this application form.

A list of all discounts and up-to-date concessionary charges will be forwarded directly to you with your Leisure Pass card which is valid for 12 months.

Family Members and Carers

Your Partner / Spouse may also be eligible for a Leisure Pass card 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.

If you are having difficulty reading this leaflet and would like the information in another format, please call 01732 876166 or email leisure.services@tmbsc.gov.uk

APPLICATION FORM

If you are renewing your Leisure Pass, please complete the form and send it in with your old Leisure Pass so that your photograph can be transferred to the new card.

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 _____ Telephone Number _____

Email _____

Section 2

Please tick the box that currently applies to you:

- A Job Seekers' Allowance
- B Employment and Support Allowance
- C Disability Benefit
- D Incapacity / Invalidity Benefit / Carers' Allowance
- E Income Support / Housing Benefit
- F Working Tax Credit / 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:

Job Centre Plus
 Government Training Scheme

Stamp and date this box

Please stamp and date the box above if the person named on this application form is in receipt of category 'A' or 'B' Benefit listed above or on an authorised Government Training Scheme.

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