

## Apply for your Scottish National Entitlement Card (NEC)



**Please return to:**  
Your local school or Council offices.

Before completing this form, please read the guidance notes, list of acceptable proofs and Terms and Conditions available at [www.nec.scot](http://www.nec.scot).

If you are under 12 years old **OR** are under 16 years old and claiming concessionary travel, someone with parental responsibility for you **MUST** sign part of the declaration on the rear of this form.

If you require help completing this form, **OR** if you need to replace an existing card, contact [youngscot@cne-siar.gov.uk](mailto:youngscot@cne-siar.gov.uk). Please use **BLACK ink**. Items marked **\*MUST** be completed; one of the items marked **#MUST** be completed.

\*FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

\*SURNAME \_\_\_\_\_

\*DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_

GENDER      Female      Male      Other  
            \_\_\_\_\_

#TELEPHONE NUMBER \_\_\_\_\_  
(including area code)

#MOBILE NUMBER \_\_\_\_\_

#EMAIL ADDRESS \_\_\_\_\_

\*ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*POSTCODE \_\_\_\_\_

**Affix Photo  
here unless  
Referee  
Section  
Completed or  
no photo  
required**

**PHOTOGRAPH:** If you are over 11 years old or applying for the national disabled person's travel concession, you **MUST** provide a passport style photograph. If you have no proof that the photo matches your details given above, the Photo Referee section below **MUST** be completed by someone who knows you as detailed in the guidance notes at [www.nec.scot](http://www.nec.scot).

**DO NOT** affix your photo, but provide it along with your completed form and proofs.

**Photo Referee's Declaration –to be completed by a Referee if no photo proof is available. If this section is completed this form **MUST** be submitted through your Local Council.**

Name \_\_\_\_\_

Profession or position in the community \_\_\_\_\_

Your employer's name and the address you work at \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Work Telephone \_\_\_\_\_

I can confirm that I know (applicant's name) \_\_\_\_\_ for \_\_\_\_\_ years as

\_\_\_\_\_ - for example as an employee, colleague, friend.

I have dated and signed the back of the applicant's photo to confirm it is a true likeness. I confirm that as far as I know, the details I have provided are complete and accurate and I understand that action may be taken against me if I have provided false information. I agree to being contacted in connection with this declaration.

Details of how your information will be used are available at [www.nec.scot](http://www.nec.scot)

**Signature**

**Date**

## Declaration to be completed by Applicant after completion of other side of form

A. I confirm that, as far as I know, the details I have provided are complete and accurate and I understand that action may be taken against me if I have provided false information or if I misuse the services provided.

I understand that I must promptly inform my council of any changes that may affect my entitlement to services.

I have read the information on this form and the Terms and Conditions at [www.nec.scot](http://www.nec.scot) and agree to the processing of the personal details on this form to the extent necessary for the administration of the National Entitlement Card scheme.

**Applicant Signature (parent / guardian if applicant aged under 12 years old)**

**Date**

B. I confirm that I agree to the processing of the personal details on this form for the provision of Concessionary Travel and would like Concessionary Travel added to cards provided as a result of this application.

**Applicant Signature (parent / guardian if applicant aged under 16 years old)**

**Date**

Please PRINT your name below if signing on behalf of another as parent / guardian / attorney:

### Proof Verification –To be Completed by Verifying Staff Only

PERSON	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PER	TRAVEL OPT-OUT	<input type="checkbox"/>	Y/N	SIGHT IMPAIRMENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SIG
			(based on signature B. above)					
ADDRESS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ADD	YOUNG SCOT OPT-OUT	<input type="checkbox"/>	Y/N	DISABILITY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DIS
PHOTO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PHO	VOLUNTEER	<input type="checkbox"/>	VOL	COMPANION OPT-OUT	<input type="checkbox"/>	Y/N
						(if eligible)		

#### Young Scot Card Only (i.e. 11-25 inclusive, Young Scot Opt-Out N)

Either: Passport Reference \_\_\_\_\_

Or: Driving Licence Reference \_\_\_\_\_

Or: Photo Referee and Birth Certificate Reference- \_\_\_\_\_

EXPIRY DATE (DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

CARD TYPE  TYP

#### Referee Contact Details confirmed

Work?  Company / Employer?

Position?  Signed photo?

Over 25?

Date contacted: \_\_\_\_\_

Contacted by: \_\_\_\_\_

Comments:

#### Referee Confirmation

Not related / living at same address as / in relationship with

How long known applicant? \_\_\_\_ years

How do you know age? \_\_\_\_\_

Confirmed address as on application?

Comments:

VERIFIER CODE

DATE (DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE \_\_\_\_\_

OFFICIAL  
STAMP