

# Application form for Free Travel Scheme



## What is the Free Travel Scheme?

The Free Travel scheme allows people to travel free of charge on public transport owned by the State. This includes bus, rail and LUAS with some exceptions.

The scheme also allows people to travel free of charge on some private bus and ferry services. You can find a full list of private operators who participate by visiting [www.gov.ie/freetravel](http://www.gov.ie/freetravel).

You cannot avail of Free Travel if you do not have a Public Services Card (PSC). To get a PSC, book an appointment at your PSC/SAFE Registration Centre, details available by visiting [www.gov.ie/PSCCentres](http://www.gov.ie/PSCCentres).

If you already have a PSC with Free Travel and it is lost, stolen, damaged or expired please phone **0818 837 000** to request a replacement - do not complete this form.

## How do I qualify for Free Travel?

You will qualify for Free Travel if you are legally resident and living permanently in the State, are aged 66 years or over and are registered for the PSC. Certain incapacitated people under 66 years of age also qualify.

A PSC with Free Travel will issue automatically to you at 66 years of age if you are registered for it, your card has not expired and you are getting a pension from this department. If you are under age 66 and you have been awarded an Invalidity Pension, Blind Person's Pension, Disability Allowance or Carer's Allowance, a PSC with Free Travel will issue automatically to you if you are registered for it and your card has not expired.

If your card has expired, you must renew it to avail of the Free Travel Scheme. You can do so at your local PSC/SAFE Registration Centre, details of which are available at [www.gov.ie/PSCCentres](http://www.gov.ie/PSCCentres). If you have a question on the renewal process, you can contact the PSC Helpdesk by calling **0818 837 000**.

## How to complete this application form?

There are examples on the back of this page that can be used as a guide to fill in this form. Please write with a **black** ballpoint pen, use **capital letters**, place an **X** in the relevant boxes and complete:

- **Part 1** and **Part 2** and sign and date the declaration in **Part 8**;
- **Part 3** if you are under 66 years of age;
- **Part 4** if you wish for your partner to travel with you;
- **Part 5** if you are medically assessed as unfit to travel alone; **and**
- **Part 6** if you are registered blind.

## 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](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 at [www.gov.ie/intreocentres](http://www.gov.ie/intreocentres).

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

# How to fill in this form

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

## Part 1

## Your details

1. Your PPS number:

1	2	3	4	5	6	7	T	
---	---	---	---	---	---	---	---	--

2. Title, insert an **X** or specify:

Mr  Mrs  Ms  Other

3. Surname:

M	U	R	P	H	Y														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. First names:

M	A	U	R	E	E	N													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

5. Your birth surname:

M	C	C	A	R	T	H	Y												
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

6. Your date of birth:

2	8	0	2	1	9	7	0
D	D	M	M	Y	Y	Y	Y

7. Your address:

1		N	E	W		S	T	R	E	E	T								
---	--	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--

O	L	D		T	O	W	N												
---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

D	O	N	E	G	A	L		T	O	W	N								
---	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--

County

D	O	N	E	G	A	L		
---	---	---	---	---	---	---	--	--

Eircode

A	6	5	F	4	E	2
---	---	---	---	---	---	---

8. Your telephone number:

0	8	8	1	2	3	4	5	6	7				
---	---	---	---	---	---	---	---	---	---	--	--	--	--

9. Your email address:

M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E		
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# SAMPLE



10. Are you?

- Single
- Married
- Separated
- Divorced
- Widowed

- Cohabiting
- In a Civil Partnership
- A surviving Civil Partner
- A former Civil Partner  
(you were in a Civil Partnership that has since been dissolved)

11. If you are married, in a civil partnership or cohabiting, from what date?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

**Important:** Please attach your marriage certificate or civil partnership or civil union registration certificate if married or registered outside of Ireland.

12. If you are a Widow, Widower or a Surviving Civil Partner aged between 60 and 65, did your late spouse or civil partner have a Free Travel Pass from this department?

Yes  No

If **yes**, please state:

Their PPS Number:

Their surname:

Their first names:

Their date of birth:

D D M M Y Y Y Y

Were you living with your late spouse or civil partner at the time of their death?

Yes  No

## Part 3

## Your claim details

**Note:** Please only answer the following questions if you are **under** 66. If you are **over** 66, please proceed to **Part 4**.

13. Are you getting an occupational pension?  Yes  No

14. Are you getting a social security payment from another country?  Yes  No

If **yes** to either of the above, please attach a record of payment and state:

Type of payment:

Source of payment:

If you are getting a payment from any other agency please give your insurance or claim number:

**Important:** Please attach written confirmation from the paying agency showing the type of pension being paid to you and the various allowances which make up this payment.

## Part 4

## Free travel for your spouse, civil partner or cohabitant

**Note:** If your spouse, civil partner or cohabitant wish to travel for free with you, please fill in the following details.

15. Their PPS Number:

16. Title, insert an **X** or specify: Mr  Mrs  Ms  Other

17. Their surname:

18. Their first names:

19. Their birth surname:

20. Their date of birth:        
D D M M Y Y Y Y

**Note:** Please attach their birth certificate if born outside of Ireland.

## Part 5

## Companion Free Travel

**Note:** You may be eligible to get a Public Services Card with Companion Free Travel if you qualify for the Free Travel Scheme and are medically assessed as unfit to travel alone. This allows any one person, aged 16 or over, to travel with you for free. For more information, visit [www.gov.ie/freetravel](http://www.gov.ie/freetravel).

21. Do you wish to apply for Companion Free Travel?

Yes

No

**Note:** If you are applying for Companion Free Travel, we will send you another form to complete.

## Part 6

## Companion Free Travel in respect of a blind person or a visually impaired child

**Note:** If you are registered as a blind person, you **must** provide documentary evidence or have a person from the National Council for the Blind or the National League of the Blind complete the following. Do **not** complete this part if the person named in **Part 1** is not registered as a blind person.

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

Date: 

				2	0		
D	D	M	M	Y	Y	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: 

				2	0		
D	D	M	M	Y	Y	Y	Y

Council or League Official Stamp

If you are under 18 years and not registered as a blind person with the National Council for the Blind or the National League of the Blind, please attach recent medical evidence of a visual impairment from your eye specialist.

Your Public Service Card with Free Travel is very valuable, is for your own personal use only and is not transferable to any other person. Under **no** circumstances is another person allowed to use your Public Service Card with Free Travel at any time. The card remains the property of the Department of Social Protection.

The department aims to provide a high quality service in a safe and secure environment and this extends to our service providers. It is our duty to ensure, insofar as is reasonably practicable, the health, safety and welfare of all our customers, employees and members of the public.

Conditions of use for the Public Service Card with Free Travel are subject to the bye-laws, regulations and conditions of, or applicable to, the transport companies.

However, if it is reported that a person is consistently abusing their Free Travel entitlement by either wrongfully presenting a card for travel or engaging in antisocial behaviour while using the card, the department will review that person's Free Travel entitlement.

If you are entitled to Free Travel and not registered for the Public Services Card, you will have to register before your Public Service Card with Free Travel is issued.

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 box]

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.

[Signature box]

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.