

## TRAVEL SUBSIDY - APPLICATION FORM

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

### STUDENT DETAILS

Full Name	
Date of Birth	
Address	
Postcode	

### PARENT/ GUARDIAN DETAILS

Title	
Full Name	
Parent Contact Telephone Number(s)	
Parent Email Address	

### APPLICATION INFORMATION

If you consider yourself to live MORE THAN 2.5 MILES from Health Futures UTC, please visit <a href="https://www.doogal.co.uk/MeasureDistances.php">https://www.doogal.co.uk/MeasureDistances.php</a> to calculate and record your miles using 'AS THE CROW FLIES.'	Miles from school:
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### BANK ACCOUNT DETAILS - FOR FAMILIES ELIGIBLE FOR FREE SCHOOL MEALS ONLY

Name of Bank Account Holder(s) - Please print	
Bank Account Number (8 digits)	
Sort Code (6 digits)	
Bank Name	

### PARENT DECLARATION

Travel Subsidy Application Statement	<ul style="list-style-type: none"> <li>• I confirm that the details given in this application form are correct, to the best of my knowledge.</li> <li>• I confirm that I consider my child to be eligible for a Travel Subsidy on the basis of the information provided, in line with Health Futures UTC Travel Subsidy Policy.</li> <li>• I agree that if my child is in receipt of a 100% subsidy to payments being made by Health Futures UTC directly into my bank account using the details given in this form, monthly in arrears.</li> <li>• I agree that if my child is in receipt of a £10 subsidy to payments being made by Health Futures UTC in the form of 'credits' directly into my child's Student Account with Health Futures UTC, and to those credit(s) being 'spent' within the UTC on appropriate services and products available to them.</li> </ul>
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Name (Please Print)	
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Signature	Date	
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**PLEASE NOTE: YOUR CHILD WILL NEED TO PURCHASE AND PRESENT A TRAVEL PASS TO THE SCHOOL BEFORE ANY PAYMENTS WILL BE MADE.**

FOR OFFICE USE ONLY:	MILES:		ELIGIBLE:		DATE:
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