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| **Great Aycliffe Town Council Senior Citizens’ Excursions Application Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For office use only** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Party No** | | | | | | | | | **DOB** | | | | | | | | | | | | **Res** | | | | | | | | | | | **Notes** | | | | | | | **DB1** | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please complete all shaded areas below and overleaf** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 1** - Personal Details. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age at 31/03/19 | | | | | |  | | | | | Date of Birth | | | | | | | | | | | |  | | | | | | | Tel No. | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e-mail address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | | | | |  | | | |  | | | |  |
| Title | | | Choose an item. | | | | | | First Name | | | | | | | | |  | | | | | | | | | | Surname | | | | | | |  | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Choose an item. | | | | | Post Code | | | | DL5 | | | | |
| *You must bring or send proof of your age and where you live with this application form. Regretfully, we cannot consider any application without the proof that you are eligible.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 2** – Your destination –CHOOSE 3 DATES TO TRAVEL.  *The dates you choose can be to the same destination or to different ones if you prefer.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Choice | | | | | | | Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Second Choice | | | | | | | Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Third Choice | | | | | | | Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 3** – Your Health and Mobility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I need a change of menu because (please tick the box next to the appropriate condition) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have Diabetes | | | | |  | | | | | | | | I am Vegetarian | | | | | | | | | | | | | |  | | I am allergic to Gluten | | | | | | | | | | | | | |  |  |
| Other Medical Reason | | | | | | | | | | | | | |  | | | | | | Please specify: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Which menu item should we change? | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you have a *serious* medical issue we should know about please give details | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you need to remain **seated** in a wheelchair whilst on the coach? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you intend to bring a mobility scooter, please note that it must be LIGHTWEIGHT.  **NOTE** The driver/courier may refuse to lift a scooter which is too heavy. Please confirm:   1. Yes it is lightweight and folds to fit into a car boot 2. Yes I can dismantle and assemble it myself | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please continue to Section 4 overleaf** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 4** - Please give details of an emergency contact (not travelling with you) we could contact:  You **must** obtain permission to share the information about your emergency contact with us (below). Please tick this box if you have obtained their permission | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | Choose an item. | | | Initial | | | | | | | |  | | | Surname | | | | | | |  | | | | | | | | | | | Relationship | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone (day) | | | | | | | |  | | | | | | | | | | | | | | | | | | After 5pm | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 5** – Confirmation and agreement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I confirm the details given above are correct and give Great Aycliffe Town Council permission to carry out checks to validate my residential status and date of birth to determine my eligibility for the excursion. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signed** Click or tap here to enter text.**Date** Click or tap to enter a date. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PLEASE CHECK TO MAKE SURE YOU HAVE COMPLETED ALL SHADED AREAS OF THE FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Data Protection**

*The information on this application form will be held and used for administrative purposes eg to confirm eligibility, statistical analysis, record attendance, contact you in the event of a change in the itinerary or date or venue change, etc. Under the provisions of GDPR, your personal data will be treated in a secure and confidential manner and will not be kept for longer than necessary by signing this for you are giving us permission to hold and use this data. If you have any questions about the personal information that we hold about you or wish to exercise your relevant rights under the GDPR, please contact The Data Information Officer, at The Council Offices, School Aycliffe Lane, Newton Aycliffe, Co. Durham, DL5 6QF, or by email at info@great-aycliffe.gov.uk. You can view our full privacy notice at* [*www.great-aycliffe.gov.uk/council-democracy/data-protection*](http://www.great-aycliffe.gov.uk/council-democracy/data-protection)

***Before you leave home or post the application form:***

* ***Have you completed every section of the form?***
* ***Have you got your proof of residency ready?***
* ***Have your got proof of age* ready?**
* ***If you are travelling with others, attach all forms together.***

This form can **only** be returned to Great Aycliffe Town Council’s offices in person, by post or e-mail. You don’t have to queue…. Did you know that if you bring the form to our office, you can leave it with us *without waiting* to be seen? If you do, we guarantee that it will be processed on the same day that you bring it.

**Send by post or** **bring to**: Great Aycliffe Town Council Offices, School Aycliffe Lane Newton Aycliffe. DL5 6QF or **send by e-mail to:**: [info@great-aycliffe.gov.uk](mailto:info@great-aycliffe.gov.uk)

You **MUST** bring or send **copies** of proof of age and residency with this form. Please do not send originals to us, we will not be able to return them.

The closing date is **Friday 3rd May**