

Application Form Foirm-iarrtais

Please complete the following details:

Surname: _____

Names(s): _____

Email: _____

Address: _____

Telephone: _____

Date of Birth: _____

Please tick as appropriate

☐

I am unable to access sports or leisure facilities without the assistance of my carer or attendant.

☐

I have an NEC card with the Plus One Logo.

☐

I am in receipt of a DLA higher or middle rate care component.

☐

I am in receipt of attendance allowance.

☐

I am in receipt of the daily living component of Personal Independence Payment

☐

I am registered blind

Please submit the following required items:

- Proof of your address (e.g.: an original household bill, preferably not bank related, no photocopies)
- Proof of eligibility: original Department of Work & Pensions letter, or Certificate of eligibility signed by Health or Social Care professional
- Passport size photograph

I certify that I am a resident of the Highland Council area and that the information in my application is correct

Signature of applicant or their representative: _____

ISSUING OFFICE USE ONLY

Proof of residence ☐

Proof of eligibility ☐

Photograph ☐

Number of card issued: _____

Post your Application and supporting documents to:

Plus One Scheme
Business Support
Highland Council HQ
Glenurquhart Road
Inverness
IV3 5NX

Or take to your nearest Service Point

Or Email to: plusone@highland.gov.uk

More Information

More information on the Plus One Scheme will be available at your local Service Point or by contacting plusone@highland.gov.uk

Venues in the scheme

Free admission for your carer or attendant shall be available from various venues, please refer to Customer Services.

IMPORTANT NOTICE

The scheme operates through the generosity of participating venues. Please note that there will be occasions when there are restrictions on the number of concessions, or concessions will not be available.

The Highland Council would like to thank all participating venues for their generosity in joining the Plus One Scheme.