



**PLUS ONE SCHEME**

**CERTIFICATE OF ELIGIBILITY  
AUTHORISATION  
(by GP or other medical professional)**

**Name of Applicant**

.....

**Address of Applicant**

.....

The above named person has applied for a Plus One Card to enable his / her carer / attendant to gain free entry at certain culture and leisure activities across Highland on the grounds that he / she meets criteria.

Could you please confirm if the above named person falls into any of the following categories?

( ) A permanent resident in the Highland Council area

And one of the following:

- ( ) Sensory impairment
- ( ) Physical impairment or frailty
- ( ) Learning disability
- ( ) Mental health problems
- ( ) Other (please determine)

**Signature** .....

**Printed name** .....

**Title** .....

**Address** .....

**Date** .....