



Application form for Free Travel for people medically certified unfit to drive

What is Free Travel for people medically certified unfit to drive?

Free Travel for people medically certified unfit to drive allows those, aged between 17 and 66 years of age and medically certified unfit to drive for a period of at least 12 months, to travel free of charge on public transport provided by the State. This includes bus, rail, Local Link and LUAS.

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.

To avail of the Free Travel entitlement, you must register for a Public Services Card. When registered, a Public Services Card which identifies entitlement to Free Travel will be issued.

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. Please:

- Complete **Part 1**;
- Sign and date the declaration in **Part 2**; and
- Have your doctor complete the medical report in **Part 3** and the doctor's details in **Part 4**.

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 or by calling **0818 200 400** or **071 915 7100**.

Your local Intreo Centre, Branch Office or any Citizens Information Centre can also help. You can find the name and address of your local Intreo Centre or Branch Office at www.gov.ie/intreocentres.

For more information, visit 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. PPS Number:

1	2	3	4	5	6	7	T	
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2. Title, insert an **X** or specify:

Mr Mrs Ms Other

3. Surname:

M	U	R	P	H	Y												
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4. First names:

M	A	U	R	E	E	N											
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5. Birth surname:

M	C	C	A	R	T	H	Y										
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6. Date of birth:

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

7. 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								
D	O	N	E	G	A	L						Eircode	A	6	5	F	4	E	2

8. Telephone number:

County

0	8	8	1	2	3	4	5	6	7				
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9. Email address:

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

SAMPLE

