

WISECARD Application Form

	Title	First Name	Surname	Date of Birth
Applicant 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>			
	<input type="text"/>			

Tel. No.:

	Title	First Name	Surname	Date of Birth
Applicant 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Concession Category – please see Eligible Benefits section and tick relevant box:

- Low Income Benefit – Please state which benefit: _____
- Disability Benefit – Please state which benefit: _____
- Youth Training Scheme
- Registered with Social Services

WISECARD application type

- Family
- Individual

Other

Please specify

Collection Centre
(Postal application only)

For Office Use Only

SDC Resident	<input type="checkbox"/>	Proof Checked	<input type="checkbox"/>
Benefit Code	<input style="width: 150px;" type="text"/>		
Fee Received	<input type="checkbox"/>	Total Fee £	<input style="width: 50px;" type="text"/>
Signed	<input style="width: 150px;" type="text"/>		
Dated	<input style="width: 150px;" type="text"/>		
Centre Code:	<input style="width: 150px;" type="text"/>		
Old Card No:	<input style="width: 150px;" type="text"/>		

I certify that the above personal information is correct and give permission for this to be used for the purposes of establishing my entitlement to a discount card and for the information to be included on a computerised register maintained by Salisbury District Council.

I also understand that the Council:

may share the information that I have provided elsewhere within the Council, eg with Housing Benefits

is under a duty to protect the public funds that it administers, so may also use the information for the prevention and detection of fraud and to support national fraud initiatives – this may include my information being used in data-matching exercises.

may also share this information with other bodies, administering or in receipt of public funds, solely for these purposes.

Name: _____ **Signature:** _____ **Date:** _____

If you would like to receive information about other similar concessions that Salisbury District Council may provide from time to time, please tick the box.

If you would like to receive information about other leisure activities/facilities that Salisbury District Council may provide from time to time, please tick the box.

If you wish to know more about the Data Protection Act and how it affects you, ask reception for a leaflet, or contact the Data Controller, Salisbury District Council, The Council House, Bourne Hill, Salisbury SP1 3UZ.

If you have any queries about the scheme, please contact: Wisecard Manager, Bemerton Heath, Neighbourhood Centre, 60 Pinewood Way, Bemerton Heath, Salisbury, Wiltshire SP2 9HU
Telephone: 01722 416885

Website www.salisbury.gov.uk/wisecard

Email: bhnc@salisbury.gov.uk

Issue Date: 04 DECEMBER 2003

Please Note: Only forms with this issue date will be accepted by Salisbury District Council.