

passport

APPLICATION FORM

Please complete using BLOCK capitals and take to your nearest issuing centre with the relevant proof of address, signature, and concession is applicable.

All applications must be signed and dated. Applicants under the age of 16 years require the signature of a parent or legal guardian.

Your Details

Mr / Mrs / Miss / Ms

Forename

Surname/Family Name

Address

Postcode

Tel No

Email

Date of Birth / /

Your Ethnic Origin

Reading is a multicultural town. Reading Borough Council wants to ensure that its services are enjoyed by all sectors of our community. We are committed to introducing policies and services which do not discriminate against people on the basis of their colour or culture. To help us meet these aims we are asking for information about your ethnic origin. All information is confidential and will only be used by Reading Borough Council to monitor the delivery of the Your Reading Passport scheme.

Which of these do you think best describes you?

<input type="checkbox"/> Asian	<input type="checkbox"/> Black
<input type="checkbox"/> Mixed parentage	<input type="checkbox"/> White
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other (please state)
	<input type="text"/>

Your Reading Passport category required
- please tick one box

General
Reading Borough Council resident aged 3 years or over

Concession

If concession, indicate below which category you fall into.
Reading Borough Council resident who is:

over 60 years of age and not in employment

disabled or permanently incapacitated by ill health

on a low income, dependant on someone on a low income, or unemployed

Data Protection Act 1998

Reading Borough Council would like to use your information to keep you informed about events and activities in Reading, and Your Reading Passport special offers. You have the right to ask for your details not to be used for marketing purposes.

I DO NOT wish for my details to be used for marketing purposes.

Occasionally we use other parties registered with the Data Protection Registrar to process and analyse data in order to monitor delivery of the Your Reading Passport scheme. This data is for our use and is not passed to any third party.

Declaration: I AGREE to abide by the Council's Terms and Conditions of use of the Your Reading Passport Scheme. I understand the Passport remains the property of Reading Borough Council and that the Council and its representatives reserve the right to withdraw my Passport following any misuse or conduct on my part. The information I have given on this application is correct. I will inform the Your Reading Passport Office of any changes in status which may affect my membership.

Signature:

Date:

(Parent or guardian must sign for under 16s)

Office use only

Status check: 1 2 3 4 5 6 7 8 9 10 11 12 13

Evidence submitted:

Member number:

Date cleared:

By (initials):