



# CHILD FERRY TICKETS APPLICATION FORM

This scheme will operate to the following guidelines:

- Maximum of 1 book of 50 ferry tickets for each individual child in full time education per financial year.
- Covers usage for any purpose.
- Child must be registered at the below address for 12 months of the year (evidence may be requested)
- This form must be completed by the parent/guardian of the child.

PLEASE PRINT YOUR ANSWERS CLEARLY

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Name of parent/guardian: Mr/ Mrs/ Miss/ Ms \_\_\_\_\_

Child's Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

PLEASE INDICATE WHICH OF THE BELOW PAYMENT OPTIONS YOU WOULD PREFER:

Bank details- I would like to have the award paid into the following bank account **on production of a receipt.**

Name on A/c: \_\_\_\_\_ Sort code: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ A/c No: \_\_\_\_\_

**OR**

I prefer to have the award paid directly to Orkney Ferries: YES / NO

**Declaration by Applicant:**

**By completing this form, I agree for my personal data to be held for use in connection with this grant, until the grant is closed either after the financial year ends or I no longer wish to proceed with the application (please let us know). I confirm that the named child is a permanent resident at the above address, and in full time education. **By signing this application, I declare that the information I have given is complete and accurate and confirm that no expenditure has been made prior to the application being submitted and approved.****

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed form to: REWDT, The Manse, Rousay, KW17 2PR or [grants@rewdt.org](mailto:grants@rewdt.org)

Office use only:

Fund:	Approval:	Date:
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