

LeisureLink application form

1. Are you a Hillingdon resident aged 18 and over?

Yes If Yes, please enter your HillingdonFirst card number below

No Go to section 2

HillingdonFirst number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Type of application (please tick)

New Go to section 3

Renewal

LeisureLink card number (if different from above):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Type of LeisureLink application (tick all that apply)

Adult Child (photo required)

4. Main applicant (please complete in BLOCK CAPITALS)

Title: _____

First name(s): _____

Last name: _____

Date of birth: ___/___/___ Male Female

Address: _____

_____ Post code: _____

Telephone: _____

Email: _____

5. Please state appropriate entitlement (refer to the Eligibility groups section)

If applying as a **full-time** student (aged 16 and over) without a letter confirming status, please ensure this section is completed by the institution at which you study. Student/NUS ID cards are not accepted.

Official stamp
of school,
college or
university here

To be completed by the school, college or university

Name of institution: _____

I confirm that the applicant is a full time student aged 16 or over. **Proof of age required.**

Contact name: _____

Position: _____

6. LeisureLink is an equal opportunities scheme. To help us monitor take-up of the scheme, we would be grateful if you could tick one of the following boxes that best describes your ethnic origin.

- Asian Black Chinese Mixed White
 Other (please specify): _____

7. Additional dependant children (must live at the same address and be aged 5 to 15)

First name: _____ Last name: _____

Date of birth: ___/___/___ Male Female

First name: _____ Last name: _____

Date of birth: ___/___/___ Male Female

First name: _____ Last name: _____

Date of birth: ___/___/___ Male Female

First name: _____ Last name: _____

Date of birth: ___/___/___ Male Female

First name: _____ Last name: _____

Date of birth: ___/___/___ Male Female

8. Declaration

I confirm that the information given is correct. I have read, understand and accept the terms and conditions of use.

Signature: _____ Date: _____

For office use only

Application processed by _____ Date received / /

Amount paid £ Type of proof seen/provided

Start date Expiry date

Card No(s)