










# LEICESTER CITY DISABILITY SUPPORT ASSOCIATION

## NEW APPLICATION NOTES

**A Copy of Proof of disability is required.** Even if you have submitted a proof previously. This can include any of the following or another recognised proof under the Equality Act.

-  Enhanced Personal Independent Payment (PIP) for mobility **OR** Standard or Enhanced PIP for daily living.
-  Designated a member of the “Support Group” under the Employment & Support Allowance (ESA) scheme.
-  Disability Living Allowance (DLA) at Middle or Higher Rate
-  Attendance Allowance
-  Severe Disablement Allowance
-  War Disablement Pension
-  Blind Registration
-  Blue Badge Parking Permit
-  Consultants letter of Diagnosis.

**One new colour passport style photo is required.** This can be sent by email or hard copy. If sending a hard copy please write your name on the back.

On the Access Card Application Form please select the icons that you require on your card to show the help you need.

For any Mental Health issues please select the exclamation mark symbol.

Only complete your LCFDSA Membership number if you were a 2017 member, otherwise leave blank.

**Please only complete the Carers Card Application form if you require a Carers Card and have paid the additional £7.50 fee. Enclose or send a colour passport style photo of your Companion, with their name printed on the back.**

If you **do not** require a Carers Card please complete your Companions details above.

Please pay by Bank Transfer to ‘LEICESTER CITY FC. DISABLED SUPPORTERS ASSOCIATION’ to the following account: Sort Code 403204 Account Number 51775138.

Please fill in your name as the reference for the payment.

OR enclose a CHEQUE, payable as above, with your application.

Please note that due to COVID we cannot accept CASH.

Receipts or confirmation of payment will be sent by text or email when requested. Paper receipts will be given on request to those without electronic contact.

**We can only process your application when all the relevant information, photos and payment have been received.**

Find us on  LCFC Disability Support Association  @LCFCDSA **WEBSITE:** [www.lcfcdsa.com](http://www.lcfcdsa.com)  
**email:** [lcfcdsa@gmail.com](mailto:lcfcdsa@gmail.com) **Tel:** Judith (Secretary) 07946 750063/Sandra (Chairman) 07800 652943

## CHECKLIST

- COMPLETE AND ENCLOSE THE DECLARATION OF DISABILITY PAGE ----
- COMPLETE AND ENCLOSE THE LCFCD SA APPLICATION FORM ----
- COMPLETE AND ENCLOSE THE LCFCD SA CARER APPLICATION FORM----
- **OR** COMPLETE AND ENCLOSE THE COMPANION DETAILS FORM ----
- ENCLOSE A CHEQUE PAYABLE TO 'LEICESTER CITY FC. DISABLED SUPPORTERS ASSOCIATION' FOR £25 ----
- **OR** ENCLOSE A CHEQUE TO 'LEICESTER CITY FC. DISABLED SUPPORTERS ASSOCIATION' FOR £32.50 (WHEN PURCHASING A COMPANIONS CARER CARD) ----
- **OR** CARRY OUT A BANK TRANSFER TO 'LEICESTER CITY FC. DISABLED SUPPORTERS ASSOCIATION' AT BANK SORT CODE **40-32-04** ACCOUNT NUMBER **51775138** REFERENCE **YOUR NAME---**
- ENCLOSE A COLOUR PASSPORT STYLE PHOTO OF YOURSELF WITH YOUR NAME ON THE BACK ----
- ENCLOSE A COLOUR PASSPORT STYLE PHOTO OF YOUR COMPANION WITH THEIR NAME ON THE BACK (ONLY IF A CARERS CARD IS APPLIED FOR) ----
- **OR** EMAIL A .JPG IMAGE (PHOTO) OF YOURSELF AND YOUR COMPANION WITH NAMES TO [lcfcdsa@gmail.com](mailto:lcfcdsa@gmail.com) ----
- ENCLOSE A **COPY** OF YOUR PROOF OF DISABILITY ----
- **POST** ALL FORMS/PHOTOS/PHOTOCOPIES/CHEQUES TO: LCFCD SA MEMBERSHIP SECRETARY, 32 HIGH STREET, DESFORD, LEICS. LE9 9JF ----