

LEICESTER CITY DISABILITY SUPPORT ASSOCIATION



NEW MEMBERSHIP 31/1/2023 to 31/1/2024

IMPORTANT DOCUMENTS THAT REQUIRE YOUR URGENT ATTENTION

Dear Supporter

Please find enclosed your new application forms, we really value your support and look forward to welcoming you as a member of the LCFCDSA and the more members we have the stronger our voice is with the management at LCFC.

We work with the National Accessibility Card scheme, run by Credability, to provide our branded membership cards and include their associated benefits to our members.

Our fee for membership up until 31st Jan 2024 years is £10.

We hope you will give us your support by becoming a new member of your Club's DSA, with all the added benefits that this brings. See website for full details. (www.lcfcdsa.com)

Membership of the Leicester City FC Disability Support Association is open to all disabled supporters and includes one free companion as an associate member. Children under the age of 18 may have two free companions.

The named companion may also purchase a LCFC DSA CredAbility Carers card at a special discounted cost of £7.50.

This card is recognised internationally as an official Carers and Companion Card which gives free or discounted access to many attractions and events when accompanying a disabled person. (Purchase of the additional Carers Card is not essential for membership of LCFC DSA but will confer voting rights to the carer. and other benefits as may be agreed at a future date.)

It is essential that all the enclosed forms are fully completed in BLOCK CAPITALS and in black ink and that all required documents, photo's and payment are fully completed/enclosed when making your application.

Please return your completed application **as soon as possible** and definitely no later than 1st May 2023 if you wish to be entered in to the 2023 annual Prize Draw.

Kind regards

The DSA Committee.

APPLICATION FORM & DECLARATION OF DISABILITY

L.C.F.C. DISABILITY SUPPORT ASSOCIATION MEMBERSHIP APPLICATION FORM

2023

SURNAME:

MR/MRS/MS/MISS

Date of Birth:

FIRST NAME (S):

KNOWN AS (IF DIFFERENT)

IF APPLYING FOR A CHILD UNDER 18 A PARENT OR GUARDIAN MAY COMPLETE AND SIGN BELOW ADDRESS;

E MAIL ;

MOBILE TEL. NUMBER;

DATE OF BIRTH ;

Please tick below

Do you receive Disability Living Allowance

Do you receive a PIP (Personal Independence Payment)?

Do you receive War Pensioners Disablement Benefit?

Do you receive Severe Disablement Allowance or Employment Support Allowance?

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Do you receive Attendance Allowance?

Are you Registered Blind/Visually Impaired?

Do you have a Blue Badge Parking Permit?

Other (Please specify) _____

*****Please supply a photocopy of the relevant proof *****

*****ONLY ONE FORM OF PROOF NEEDED.*** All copies will be destroyed after processing.**

Do you occupy/need a wheelchair space at the King Power Stadium? _____

IF NOT, Do you use any mobility aids i.e Wheelchair/Sticks/Crutches? Please stat _____

Do you attend with a companion/carer? _____

If YES, is your companion/carer able bodied? _____

I enclose a cheque for my joining fee of £10. _____

I have submitted my joining fee of £10 by bank transfer. _____

I have also enclosed/transferred an additional fee of £7.50 for my companions Carer Card. _____

I declare that the information given is correct, and if there are any changes in my details or circumstances, I will inform the DSA Membership Secretary at: lfcdsa@gmail.com or tel 07946750063.

I also consent to the LCFC DSA holding my personal data solely for the benefits of membership and contacting me by email, letter, text or phone or by social media for all Association related matters.

SIGNED or SIGNED ON BEHALF: _____

PRINT NAME _____ DATE _____

EMAIL ADDRESS _____ MOBILE No. _____

ALL APPLICANTS MUST COMPLETE AND RETURN THIS PAGE.

COMPANION/CARER DETAILS FORM

1ST COMPANION/CARER

| | |
|------------------------------------|--------------------|
| SURNAME: | MR/MRS/MS/MISS |
| FIRST NAME (S): | KNOWN AS (IF DIFF) |
| ADDRESS | |
| | POST CODE: |
| HOME TEL NUMBER: | MOBILE: |
| EMAIL ADDRESS: | |
| DATE OF BIRTH: | |
| RELATIONSHIP TO DISABILITY MEMBER: | |

2ND COMPANION/CARER

| | |
|------------------------------------|--------------------|
| SURNAME: | MR/MRS/MS/MISS |
| FIRST NAME (S): | KNOWN AS (IF DIFF) |
| ADDRESS | |
| | POST CODE: |
| HOME TEL NUMBER: | MOBILE: |
| EMAIL ADDRESS: | |
| DATE OF BIRTH: | |
| RELATIONSHIP TO DISABILITY MEMBER: | |

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

One new colour passport style photo is required. This can be sent by email, text, Whatsapp, 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 LCFCD SA 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 send a CHEQUE made payable to Leicester City FC Disabled Supporters Association **OR** Please pay by bank transfer using the following account: Sort Code 403204 Account Number 51775138.

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

Please **DON'T SEND CASH** through the post. We are unable to accept liability if it goes missing in the post.

Receipts will be sent on request by text or email where possible. 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.

CHECKLIST

- COMPLETE AND ENCLOSE THE LCFCDSA APPLICATION FORM ----
- COMPLETE AND ENCLOSE THE LCFCDSA CARER APPLICATION FORM ----
- **OR** COMPLETE AND ENCLOSE THE COMPANION DETAILS FORM ----
- ENCLOSE A CHEQUE PAYABLE TO 'LCFCDSA' FOR £10 ----
- **OR** ENCLOSE A CHEQUE TO 'LCFCDSA' FOR £17.50 (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 OR DIGITALLY SUBMIT A COLOUR PASSPORT STYLE PHOTO OF YOURSELF WITH YOUR NAME ON THE BACK ----
- ENCLOSE OR DIGITALLY SUBMIT A COLOUR PASSPORT STYLE PHOTO OF YOUR COMPANION WITH THEIR NAME ON THE BACK (ONLY IF A CARERS CARD IS APPLIED FOR) ----
- **Digitally submit by** EMAIL/Text/Whatsapp a .JPG IMAGE (PHOTO) OF YOURSELF AND YOUR COMPANION WITH NAMES TO lfcdsa@gmail.com 07762225019 ----
- ENCLOSE A **COPY** OF YOUR PROOF OF DISABILITY ----
- **POST** ALL FORMS/PHOTOS/PHOTOCOPIES/CHEQUES TO: LCFCDSA SECRETARY, 32 HIGH STREET, DESFORD, LEICS. LE9 9JF ---

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