



Leicester City Disability Support Association APPLICATION FORM



NAME: Mr/Mrs/Miss/Ms/Master	DOB:
ADDRESS:	
MOBILE NUMBER:	
EMAIL:	
DO YOU USE ANY MOBILITY AIDS?	YES/NO
IF YES PLEASE SPECIFY:	
NAME OF COMPANION/CARER: Mr/Mrs/Miss/Ms/Master	
DOB:	CARER CARD HOLDER: YES/NO
ADDRESS:	
EMAIL:	
MOBILE NUMBER:	
RELEATIONSHIP TO MEMBER:	
PLEASE TICK THE FOLLOWING IF YOU HAVE BRANDED DSA ITEMS:	
KEYRING <input type="radio"/> SCARF <input type="radio"/> PICNIC STYLE BLANKET <input type="radio"/> LANDYARD <input type="radio"/>	
SUPPORTED EVIDENCE OF ENTITLEMENT:	
Please Tick	
DLA <input type="radio"/> PIP <input type="radio"/> ATTENANCE ALLOWANCE <input type="radio"/> MEDICAL PROFESSION LETTER <input type="radio"/>	
OTHER <input type="radio"/> PLEASE SPECIFY	

Email: lcfcdsa@gmail.com **Tel:** 07762 225 019 / Judith (Chair) 07946 750 063
Post: LCFCDSA C/O 1 Fosse Close, Sapcote, Leicestershire LE9 4JW



LCFC Disability Support Association



www.lcfcdsa.com

I WISH TO :

APPLY FOR DSA MEMBERSHIP AT £25.00 ()
APPLY FOR DSA MEMBERSHIP AND CARERS CARD AT £32.50 ()
I WISH TO APPLY FOR ADDITIONAL CARERS CARD AT £7.50 ()
TOTAL TO PAY £ ()

CHEQUE ENCLOSED () **BANK TRANSER** ()
NAME ON ACCOUNT IF DIFFERENT FROM MEMBER:

I WISH TO USE MY EXISTING PHOTO FOR MY ID CARD ()
I WISH TO USE THE ENCLOSED PHOTO FOR MY ID CARD ()
MY CARER WISHES TO USE THEIR EXSTING PHOTO ()
MY CARER WISHES TO USE THE ENCLOSED PHOTO ()

Payment is ideally preferred by Bank Transfer to: 'LEICESTER CITY FC. DISABLED SUPPORTERS' ASSOCIATION

Sort Code: 40-32-04
Account Number: 511775138
Reference: Members Full Name

Or enclose a cheque made payable to 'LEICESTER CITY FC DISABLED SUPPORTERS ASSOCIATION' We kindly ask that members name is written on the back. The DSA no longer accept Cash payments.

Declaration:
I confirm that all the information given above is correct and that if there are any changes to my details or circumstances during my membership I will inform the 'DSA' Membership Secretary at lcfcdsa@gmail.com or by phone/text on 07762 225 019, or by contacting the Chair on 07946 750 063.

I also consent to LCFCD SA holding personal data solely for the benefit of membership and allowing contact via email, phone, text or post in relation to Association business, and sharing with 'LCFC' and Nimbus (Required)

I WISH TO REMOVE MY CONSENT TO LCFCD SA USING MY IMAGE AND NAME FOR PROMOTING OF THE DSA ON ITS SOCIAL MEDIA PAGES AND WEBSITE. ()

SIGNED/SIGNED ON BEHALF _____

PRINT NAME: _____ **DATE:** _____

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 any other recognised proof under the Equality Act.

-  Personal Independence Payment (PIP)
-  Disability Living Allowance (DLA)
-  Attendance Allowance
-  Severe Disablement Allowance
-  War Disablement Allowance
-  Blind Registration
-  A letter from a medical professional aware of your needs
-  Yearly Update Letter

*If your proof is not listed please contact LCFCD SA Membership Secretary to discuss further.

One colour passport style photo is required. A photo is only required if you have stated on the form that you wish to use a different picture to the one on File. This can be sent to the DSA by Email, WhatsApp, Facebook or post. (If sending via Post please make sure to write your name on the back, If send via WhatsApp please send to 07762 225 019.)

On the Access Card Application form please select the icon you require on your card to show the help you need.

For Mental Health please use the exclamation mark symbol (!).

CARERS CARDS. Please only complete the carers card application if you require a Carers Card and have paid the additional £7.50 fee. A passport photo is required for Carers Cards only. This can be sent the same way as membership photos as stated Above.

If you **do not** require a Carers Card, we kindly ask you to complete your main companion details on your application.

LCFCDSA can only process your application when all the relevant information, photos and payment has been received. We ask that you allow between 7-15 working days for your membership card to arrive.

Payments

LCFCDSA no longer accept CASH payments. PLEASE DON'T SEND CASH though the post, the DSA are unable to accept liability if it goes missing in the post.

Please send Cheques made payable to Leicester City Disabled Supporter Association **OR** Bank Transfer using the following account:

Sort code:40-32-04 **Account Number:**51775138 **Reference:** Members Name on application

CHECKLIST:

- Complete and enclose the LCFCDSA application form []
- Complete and enclose the LCFCDSA Carer Application form **OR** Complete companion details []
- Enclosed a Cheque payable to 'LCFCDSA' **OR** carried out a bank transfer to **Leicester City FC Disabled Supporters Association**
Account number 51775138 **Sort Code** 40-32-04 **Reference:** Members Name []
- Enclosed **OR** digitally submitted a colour passport style photo of yourself (making sure to write name on back of posted photo) []
- Enclosed **OR** digitally submitted a colour passport style photo of your companion (making sure to write name on back of posted photo) **ONLY NEEDED WHEN APPLYING FOR A CARER CARD** []
- Enclosed a **COPY** of proof of Entitlement.

Please only send copies as proof as we cannot guarantee the return of an original copy. []

- Digitally submitted proof of Entitlement by **Email/Text/WhatsApp** (all photos emailed to be sent as a JPEG file). []
- Post all Forms/Photos/Proof/Payments to:

LCFCDSA Membership Secretary
1 Fosse Close
Sapcote
Leicestershire
LE9 4JW []