Application for Post 16 Transport

Date Received:

Eligible:

YES / NO

If unsure of your eligibility, please contact the Transport Section on: 01685 725000 or by email at transport@merthyr.gov.uk



Authorised by:

Please complete form and return to the College Student Services to be stamped.

By completing this form you are agreeing for us to send your data to the relevant transport agencies in order for you to gain your travel pass.

| College you will be attending: | | The College, Merthyr Tydfil |
|--|------|-----------------------------|
| | | |
| Student Details | | |
| Forename(s): | | |
| Surname: | | |
| Home Address: | | |
| | | Post Code: |
| Date of Birth: | | |
| Age at 1 st September 2025: | | |
| Telephone Number: | | |
| School/College attended 2024-25: | | |
| Course Details | | |
| Full Course Title(s): | | |
| Level of Course(s): | | |
| Length of Course (Years): | | |
| Is this your first course of full time study | | udy? Yes No No |
| If No, please provide details of any previous courses of study: | | |
| | | |
| IF THIS IS YOUR FIRST APPLICATION PLEASE ATTACH A PASSPORT SIZE PHOTOGRAPH WITH THIS FORM I HEREBY AGREE THAT THE STUDENT TRAVEL PASS WILL BE RETURNED TO THE COLLEGE IMMEDIATELY IF I WITHDRAW FROM MY COURSE. FAILURE TO DO SO MAY RESULT IN FORMAL ACTION BEING TAKEN. | | |
| Student Signat | ure: | Date: |
| Office Use Only | | |

Transport:

Issue Date: