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:		Coleg Y Cymoedd, Ystrad Mynach
Student Details		
Forename(s):		
Surname:		
Home Address:		
	P	Post Code:
Date of	Birth:	
Age at 1 st September	2025:	
Telephone Nur	nber:	
School/College attended 202	4-25:	
Course Details		
Full Course Tit	tle(s):	
Level of Course(s):		
Length of Course (Years):		
Is this your first course of full time study? Yes 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 Signature:		Date:
Office Use Only		

Transport:

Issue Date: