# AIR DISCOUNT SCHEME APPLICATION FORM

Please send completed application forms to the ADS office – by email info@airdiscountscheme.com or by post Air Discount Scheme, PO Box 5715, Inverness, IV1 9AS

## WHO IS ELIGIBLE FOR THE SCHEME?

Anyone whose <u>permanent/main residence</u> is in Colonsay, Orkney, Shetland, the Western Isles, Islay, Jura, Caithness and part of Sutherland. Students that are studying away from home but their permanent/main residence is in an eligible area. Students need to provide a copy of their student card and inform us the expected length of their studies along with completed application form and proof of residence.

In order to apply for ADS membership you need to provide, along with a completed application form, proof of residence confirming that the address you are applying for is your main/permanent residence. Proof of residence: two official documents from different sources that clearly show that they have been sent to you with your name and address and **dated within 6 months**. The documents can be photocopies as they are non-returnable and will be confidentially destroyed. We do not accept hand written documents or documents from third parties where the only purpose of the document is to state residency. Please note for an applicant that is 16 years old, we only require one proof of residence.

### WHO IS NOT ELIGIBLE FOR DISCOUNTED FLIGHTS?

- People, whose residence is not in the eligible geographic area, except students that are studying away from home and their main residence is in an eligible area.
- · People travelling on Public Service Obligation (PSO) flights.
- People travelling for the purpose of business. Business related travel is considered any journey where there is a business
  component, regardless of whether there is also a leisure-related component.
- · People travelling on NHS funded trips.
- · Anyone in the eligible geographic area who does not have a live, valid card.
- · People travelling on any service where the cost of travel is being met in whole or in part by a third party.

## **APPLICATION PROCESS**

If you believe that you are eligible and would like to apply for membership, please complete and return this form with proof of residence by post to: Air Discount Scheme, PO Box 5715, Inverness, IV1 9AS alternatively you can email the documents to info@airdiscountscheme.com.

#### **INSTRUCTIONS**

## Part 1: You need to complete this part in full

- Write your house number/name, street, town, county and postcode in spaces provided.
- Mark an X in the appropriate box for your title.
- Write your first name, middle name(s), surname, date of birth (DD/MM/YYYY), telephone number and email address in spaces provided.

#### Part 2

If you have dependents under the age of 16 who are resident at the same address and wish them to be on your card please provide the dependents name and date of birth. NB Dependents can be on both Parents/Carers/Guardians cards, in order to ensure that the dependents are on the necessary cards please indicate in the status box by your details in Part 1.

#### Part 4

The form must be signed and dated by **all** applicants 16 years of age and over. Please print "our name in block capitals under your signature. This is where we ask for your consent to use your data.

#### **PRIVACY NOTICE**

Transport Scotland is the organisation responsible for operating the Air Discount Scheme (ADS) and holds the information submitted by you when applying to join the scheme.

#### Collection and use of personal information

The personal information we collect is used to facilitate the operation of the ADS and to ensure that only those people who are eligible for a discount receive it. We will not use your personal information for any other purpose.

#### Sharing your personal information

We give airlines and travel agents affiliated to the scheme limited access to your personal information in order to facilitate the operation of the scheme. When you book a flight under the scheme the airline or travel agent checks our members' database to ensure that you are an active member of the scheme and so entitled to a discount.

The members' database itself is hosted by our IT services supplier who also assists us in auditing airlines' reimbursement claims.

The ADS is administered on Transport Scotland's behalf by Highlands and Islands Airports Limited (HIAL). The ADS Admin Team work for HIAL and have access to your personal information in order to facilitate the operation and audit of the scheme.

We will not share your information with anyone who doesn't need it to facilitate the operation and audit of the scheme.

## Keeping your personal information secure

The member's database is hosted in a datacentre which provides high levels of physical and online security to prevent unauthorised access to your personal data. The system is tested on a regular basis to ensure that it remains secure.

Personal information that we hold in hard copy is stored within a secure building.

## How long we will keep your information

We will retain your information for as long as you are a member of the ADS.

If your membership of the ADS is revoked due to your misuse of the scheme we will retain your information for five years from the date that your membership is revoked in order to ensure the integrity of the scheme.

You may request that we delete your information at any time if you no longer wish to be a member of the scheme. We will delete your information within 21 calendar days of your request unless your membership has been revoked due to your misuse of the scheme.

#### Your rights

You can contact us to request access to the information we hold about you or to ask that we correct any inaccurate or out of date information that we hold about you.

If you wish to raise a complaint about how we have handled your personal data, you can contact our Data Protection Officer who will investigate the matter.

Our Data Protection Officer is: Lorna Clark, Data Protection Officer, Transport Scotland, Buchanan House, 58 Port Dundas Road, Glasgow, G4 0HF

Email: DPA@transport.gov.scot

Telephone: 0141 272 7189

## \*\*\* Please note application forms should NOT be sent to the above address or email \*\*\*

If you are not satisfied with our response or believe we are processing your personal data not in accordance with the law you can complain to the Information Commissioner's Office (ICO).

## **TIMESCALES**

It can take up to 3 weeks to process an Air Discount Scheme application from the day we receive the completed application. Once your application form has been processed, you will be sent an Air Discount Scheme card and PIN. The card, along with your PIN, will enable you to purchase discounted flights from the participating Airlines.

The Air Discount Scheme card and entitlements offered are administered by the Scottish Government and appointed administrators.

If you have any questions about the Air Discount Scheme or filling out the application form, you should contact the appointed administrators of the scheme at:

Air Discount Scheme, PO Box 5715, Inverness, IV1 9AS or Telephone on 0800 032 2890 or email info@airdiscountscheme.com (we are open 08.30 to 17.00 Monday to Friday except Public Holidays).

# **AIR DISCOUNT SCHEME**

Application for residents of the eligible areas within the Highlands and Islands

	- Harrison			Carlotte Committee Committ			
Please complete part 1 in full. Use Black ink and write in BLOCK CAPITALS.							
ADDRESS O	E MAIN DEC	IDENCE	PARI 1	PERSONAL DETAILS			
House Numb		IDENCE					
Street							
Town							
County							
Postcode							
NEW APPLICANTS AT THE ABOVE ADDRESS AND ARE 16 YEARS OF AGE OR OVER							
* Your full name as it appears on your photographic ID  APPLICANT 1							
* Mr	Mrs	Miss	Ms	Other (please state)			
* First Name							
* Middle Name	e(s)						
* Surname							
Date of Birth					Parent/Carer/Guardian **		
Contact Tele	ohone No.						
Email Addres (if applicable)	ss						
APPLICANT 2							
* Mr	Mrs	Miss	Ms	Other (please state)			
* First Name							
* Middle Name	e(s)						
* Surname							
Date of Birth					Parent/Carer/Guardian **		
Contact Tele	phone No.						
Email Addres	ss						
(if applicable)							
APPLICANT 3							
* Mr	Mrs	Miss	Ms	Other (please state)			
* First Name							
* Middle Name	e(s)						
* Surname							
Date of Birth					Parent/Carer/Guardian **		
Contact Tele	phone No.						
Email Addres							
(if applicable)							
APPLICANT 4							
* Mr	Mrs	Miss	Ms	Other (please state)			
* First Name							
* Middle Name	e(s)						
* Surname							
Date of Birth					Parent/Carer/Guardian **		
Contact Tele	phone No.						
Email Addres							
(if applicable)							
** PLEASE TICK	THE BOX PROV	IDED IF YOU AR	E A PARENT/CAR	ER/GUARDIAN.			

DEPENDENTS IN THE HOUSEHOLD UNDER 16 YEARS WILL BE INCLUDED ON THE CARD HELD BY THE NOMINATED PARENTS/CARERS/GUARDIANS.

#### PART 2: DEPENDENT DETAILS Dependents under 16 years may be included in the membership of the nominated parents, carers or guardians. Please provide details below of dependent(s) to be included. **DEPENDENT 1** Gender: Male Female First Name Date of Birth Surname **DEPENDENT 2** Gender: Male Female First Name Date of Birth Surname **DEPENDENT 3** Gender: Male Female First Name Date of Birth Surname **DEPENDENT 4** Gender: Male Female

#### PART 3

Date of Birth

First Name

**APPLICANT 4** 

PRINT NAME (BLOCK CAPITALS)

Signature

Surname

In order to apply for an ADS membership you will need to provide, along with a completed application form, two proofs of residence confirming that the address you are applying for is your main/permanent residence. However if you are 16 years old, we only require one proof of residence.

Proof of residence comprises two documents from different sources that clearly show that they have been sent to you with your name and address and dated within the last 6 months. The documents can be photocopies as they are non-returnable and will be confidentially destroyed. We do not accept hand written documents or documents from third parties where the only purpose of the document is to state residency.

Please note to avoid cancellation of any existing memberships registered to your address (or similar address if living on a croft) please provide names of other residents.

### PART 4: DATA SHARING AND YOUR SIGNATURE

	ge correct and I undertake to advise you if my
I confirm that the details as stated above are to the best of my knowledge circumstances change.	
APPLICANT 1 Signature	Date
PRINT NAME (BLOCK CAPITALS)	
APPLICANT 2 Signature	Date
PRINT NAME (BLOCK CAPITALS)	
APPLICANT 3 Signature	Date
PRINT NAME (BLOCK CAPITALS)	

Date