



Ring a Link  
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Application for support in the provision of transport service for COMMUNITY and VOLUNTARY GROUPS

**CONTACT DETAILS**

ORGANISATION NAME	ADDRESS
CONTACT NAME	
TELEPHONE	

**TRAVEL DETAILS**

OPERATOR NAME (IF APPLICABLE)		
DATE	DEPARTURE TIME	RETURN TIME
FROM	TO	
Do you require a wheelchair-accessible vehicle? Yes ____ No ____		

**ANY OTHER RELEVANT INFORMATION**

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**NUMBER AND AGE OF PASSENGERS**

Age	<5	6-17	18-25	26-65	66+
Male	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**DATA SECURITY AND PROTECTION**

Personal data provided to Ring a Link shall be processed in full compliance with EU General Data Protection Regulations. Such personal data shall not be shared with third parties, and shall be stored only as long as is necessary and for the purpose of arranging the transportation proposed in this application. Please sign below to give your consent for Ring a Link to store and process the personal data provided.

Signed \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please return completed form to Ring a Link at the above address.

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*Official Use Only:*

Date Paid: \_\_\_\_\_ Amount: € \_\_\_\_\_ Cheque No: \_\_\_\_\_

Notes: \_\_\_\_\_