



**CROSS SOLENT TRAVEL AGREEMENT  
APPLICATION FOR CONTRIBUTION TOWARDS FERRY FARES**

**IF YOU ARE IN RECEIPT OF BENEFITS THIS FORM SHOULD NOT BE USED AND YOU SHOULD COMPLETE AN HC5 FORM AVAILABLE FROM YOUR LOCAL DHSS OFFICE. PLEASE READ THE REIMBURSEMENT RESTRICTIONS BELOW BEFORE COMPLETING THIS FORM**

Full name of applicant..... Hospital Number..... Tel. No.....

Date of birth.....

Address..... Postcode.....

Where did planning/treatment take place? ..... Name of consultant.....

Appointment dates	Cost of Journey	Tick if escort required	Appointment dates	Cost of Journey	Tick if escort required
1 .....	£.....	<input type="checkbox"/>	11 .....	£.....	<input type="checkbox"/>
2 .....	£.....	<input type="checkbox"/>	12 .....	£.....	<input type="checkbox"/>
3 .....	£.....	<input type="checkbox"/>	13 .....	£.....	<input type="checkbox"/>
4 .....	£.....	<input type="checkbox"/>	14 .....	£.....	<input type="checkbox"/>
5 .....	£.....	<input type="checkbox"/>	15 .....	£.....	<input type="checkbox"/>
6 .....	£.....	<input type="checkbox"/>	16 .....	£.....	<input type="checkbox"/>
7 .....	£.....	<input type="checkbox"/>	17 .....	£.....	<input type="checkbox"/>
8 .....	£.....	<input type="checkbox"/>	18 .....	£.....	<input type="checkbox"/>
9 .....	£.....	<input type="checkbox"/>	19 .....	£.....	<input type="checkbox"/>
10 .....	£.....	<input type="checkbox"/>	20 .....	£.....	<input type="checkbox"/>
			Total of claim	£.....	

Have ferry tickets for dates of travel been included with this claim?

Has an appointment card/letter been attached to claim?

Would you like appointment letters returned?

**Failure to attach ferry tickets and appointment documentation will delay processing of your claim.  
Reimbursement will be made by cheque to the address specified above.**

I (name) ..... certify to the best of my knowledge that the above details are correct in accordance with the requirements stated below and that I will reimburse the Isle of Wight NHS Trust if I have failed to disclose other official sources of assistance.

Signed.....

Date.....

**PLEASE NOTE THE FOLLOWING RESTRICTIONS APPLY TO REIMBURSEMENT:-**

1. Patients must travel as foot passengers, i.e. public transport, taxi or car ferry fares cannot be reimbursed  
\* Reimbursement is only available where the relevant discounts have been claimed from the travel providers. Wightlink, Red Funnel and Hovertravel all offer discount tickets for patients attending mainland appointments. Please check with the travel provider for details.
2. Patients must complete a valid claim form and produce receipts for travel payments
3. We will only reimburse cross Solent fares for those who are not eligible for assistance through other funding routes
4. Under these arrangements only the following groups of patients are eligible for assistance:-
  - a. Patients who are receiving radiotherapy treatment or are planning such a treatment
  - b. Patients who are receiving chemotherapy treatment or are planning such a treatment
  - c. Patients who are receiving renal dialysis treatment or are planning such a treatment
5. We will provide reimbursement for carers or escorts where the patient eligible for assistance is:
  - a. deemed by a medical professional as unable to travel alone (written evidence required) and
  - b. is under 18 years of age or 65 years of age or older at the time of travel
6. We can only reimburse cross Solent fares for appointments relevant to the current financial year (1st April to 31st March). Appointments that have taken place prior to this financial year must be submitted before 30th April.

Please ensure that this form is completed fully in order that your claim can be processed promptly. If you have any queries please contact the Trust on 01983 822099 ext 5742. Please send to: Financial Services, Isle of Wight NHS Trust, St Mary's Hospital, Newport, Isle of Wight, PO30 5TG.

Useful Numbers for reference: Wessex Cancer Trust - 01983 524186  
British Red Cross Society - 01983 522718  
I.O.W. Kidney Patients Association - 01983 611671