



## Application for a transportation service (Färdtjänst) monthly pass for study purposes

### Personal details

Name	Civic registration number
Street address	Telephone, daytime
Postal address	Telephone, evening
Email	Mobile
Registered in the municipality of	If an interpreter is required, state which language
School	Programme
Address	Telephone, school
What is the nature of the studies?	
Do your studies carry entitlement to an educational grant from the state/CSN? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you receive any form of travel allowance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Other information


Postal address  
Region Örebro County  
Färdtjänstenheten  
Box 1613, 701 16 Örebro  
Email: fardtjanstenheten@lanstrafiken.se

Visiting address  
Eklundavägen 1, Örebro  
Tel: 0771-55 30 00

Information regarding an application is obtained in the first instance from the applicant. Information from other sources is not obtained without the verbal or written consent of the applicant. Information provided by you and other parties will be stored in a personal data register. Information is protected and processed according to the stipulations in the Public Access to Information and Secrecy Act and the European General Data Protection Regulation (GDPR). For further information, please go to [www.lanstrafiken.se](http://www.lanstrafiken.se).

By signing below

You consent to the Länstrafiken transportation service unit (Färdtjänstenheten), if necessary (relevant to the assessment), contacting the person/body who has issued a certificate in order to obtain additional information.

You consent to your personal data being processed for the purpose referred to in the application. Your personal data is protected by the stipulations in the Access to Public Information and Secrecy Act and the European General Data Protection Regulation (GDPR).

You certify that the application form has been completed accurately and truthfully.

**Signature**

Place and date	
Applicant's signature	
Name(s) of any person(s) who assisted with the application (if applicable)	
I consent to the assessment officer getting in touch if necessary with the following contact person (state name, relationship to the applicant)	Telephone/mobile

**NOTE!** The information provided must be supported by valid confirmation of course/programme registration. Confirmation must state the number of study days per week and the total length of the course/programme. A work experience placement must be supported by a certificate stating the scope, length and location of the placement.

**To be sent to:**  
Region Örebro County  
Färdtjänstenheten  
Box 1613  
701 16 Örebro