Nottinghamshire County Council

Disabled Persons Concessionary Bus Pass Application Form

This application form is only for blind or disabled persons. The applicant must be a permanent resident in the Nottinghamshire County Council area, of which proof will be required. **All applicants must have a disability that is considered long term (in excess of 12 months).**

If you have any difficulties or enquiries regarding the completion of this form, please telephone **08449 80 80 80**.

There is no charge for this permit; however there is a fee of £10.00 if you require a replacement. For a replacement please fill in the Replacement Concessionary Bus Pass Application Form.

Please note that in certain circumstances we are required to complete additional checks concerning the information you have submitted on the form.

A ABOUT YOU

Title: Mr. / Mrs / Miss / Ms / Other .....

First Names: .....

Surname: .....

Previous / Maiden Name: .....

Address: .....

.....

.....

Postcode: .....

Date of Birth ...../ ..... / .....

National Insurance No. .....

Telephone Number .....

E-mail address .....

Would you be willing to take part in a travel survey regarding your travel patterns?

Yes ☐ No ☐

IN ORDER TO OBTAIN YOUR PASS YOU WILL NEED TO ENCLOSE A COPY OF
(Please DO NOT send original documents)

1 x Proof of Identity ☐
(Birth Certificate, Passport, Driving Licence or Medical Card)

1 x Proof of Disability ☐
(Doctors Certificate or high rate Mobility Component of Disability Living Allowance or War Pensioners Mobility Supplement / Armed Forces Compensation Scheme)

1 x Proof of Residency ☐
(Utility Bill, Council Tax Bill or Bank Statement dated within the last 3 months)

1 x Passport Sized Photo ☐
(With your name written on the reverse)

Please post your application form to the following address:

Nottinghamshire County Council
Transport and Travel Services
c/o Trent Bridge House
Fox Road
West Bridgford
Nottingham
NG2 6BJ

Please note that we DO NOT offer a while you wait service at this address.

B YOUR ALLOWANCES

1. Do you receive higher level Disability Living Allowance for Mobility? Yes ☐ No ☐
   IF YES PLEASE PROVIDE DOCUMENTED PROOF
2. Do you have a disabled persons car badge (BLUE badge) except in case of a blind person where the badge is used by a sighted person on your behalf? Yes ☐ No ☐
3. War Pensioners Mobility Supplement or Armed Forces Compensation Scheme Yes ☐ No ☐

C YOUR DISABILITY (MUST BE COMPLETED)

Nature of Disability
(Please tick all that apply)

1. Are you registered with the Social Services Department? Yes ☐ No ☐
2. I am registered/eligible for registration as blind or partially sighted Yes ☐ No ☐
3. I am registered/eligible for registration as profoundly or severely deaf Yes ☐ No ☐
4. I am registered/eligible for registration as a person without speech Yes ☐ No ☐
5. I have a disability / have suffered an injury, which has a substantial and long-term adverse effect on my ability to walk. Yes ☐ No ☐
6. I am without the use of both arms (through loss of limbs) or long-term use of both arms Yes ☐ No ☐
7. I have a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning Yes ☐ No ☐
8. I have been refused a driving licence (or had it withdrawn) on medical grounds under part III, Section 92 of the Road Traffic Act 1988. Yes ☐ No ☐

   IF 'YES' ANSWER SECTION D. IF 'NO' GO STRAIGHT TO SECTION E

D ONLY FOR PERSONS APPLYING ON THE GROUNDS OF REFUSAL / WITHDRAWAL OF A DRIVING LICENCE

Have you been refused a driving licence on medical grounds? Yes ☐ No ☐
If 'Yes', enclose the letter sent by the DVLA (it will be returned with your permit)

Have you had your driving licence withdrawn on medical grounds? Yes ☐ No ☐
If 'Yes', enclose the letter sent by the DVLA (it will be returned with your permit)

Are you appealing through the Magistrates Court against the decision to refuse / withdraw your driving licence? Yes ☐ No ☐

People who would be refused a driving licence (or have had it withdrawn) due to alcohol or drugs misuse are not eligible for a disabled pass.

E DOCTORS CERTIFICATE

The declaration below must be completed by your doctor unless you are in receipt of Disability Living Allowance (Mobility) at the higher rate or War Pensioners Mobility Supplement / Armed Forces Compensasion Scheme, proof of which will be required.

THIS SECTION MUST BE COMPLETED BY YOUR GP

I hereby certify that Mr / Mrs / Ms / Miss

Is: (mark as appropriate)

a) suffering from the disability indicated by the applicant in Part C (categories 2 to 7 inclusive) or, ☐

b) suffering from a disability / illness such that the applicant is likely to be refused a driving licence on medical grounds if an application were to be made to the DVLA. ☐

People who would be refused a driving licence (or have had it withdrawn) due to alcohol or drugs misuse are not eligible for a disabled pass.

The applicant's illness is Permanent: ☐

Temporary (greater than 12 months but not permanent): ☐

If temporary please specify expected term of illness ☐ months

Details of disability: .....

.....

.....

Continued overleaf

E DOCTORS CERTIFICATE (Continued)

Address of Doctor: .....

.....

.....

Contact Telephone No.: .....

.....

Doctors Name: .....

.....
(PLEASE PRINT)

Signed: .....

Dated: ..... / ..... / 20 .....

MEDICAL PRACTITIONER'S STAMP

F COMPANIONS

You can apply for a pass with companion's entitlement if you are physically unable to board public transport without assistance because:

1. You are seriously disabled
2. You have a severe learning disability
3. You are blind.

In these cases, applicants may be eligible to have their pass marked to allow a companion to travel with them at the concessionary rate. **Please ensure your Doctor signs the declaration below in addition to section E.**

The minimum age for a person eligible for a companion's pass is 5 years old.

If you wish to request a pass with companion's entitlement, please tick here. ☐

I certify that the applicant can only board public transport with the assistance of a companion.

Signed .....
Medical Practitioner

MEDICAL PRACTITIONER'S STAMP

G Equality Monitoring

To ensure that there is complete equality of access to all of the services offered and to make sure that everyone is treated equally, fairly and with respect could you please complete the following information about yourself. This is **optional** but will help us improve our services.

Age

- 5-15 ☐
- 16-24 ☐
- 45-54 ☐
- 25-34 ☐
- 55-64 ☐
- 35-44 ☐
- 65+ ☐
- Prefer not to state ☐

Gender

- Male ☐
- Female ☐

Ethnicity

For the purpose of this monitoring form, ethnicity relates primarily to skin colour and not nationality, place of birth or citizenship.

Asian or Asian-British

- Indian ☐
- Pakistani ☐
- Bangladeshi ☐
- Other Asian ☐

Black or Black-British

- Caribbean ☐
- African ☐
- Other Black ☐

Chinese or any other Ethnicity

- Chinese ☐

Other Ethnicity ☐
Please state other in box

Dual Heritage

- White & Black Caribbean ☐
- White & Black African ☐
- White & Asian ☐

White

- British ☐
- Irish ☐
- Gypsy & Traveller ☐
- Other White ☐
- Prefer not to state ☐

H YOUR DECLARATION

I apply for a concessionary Bus Pass and declare that the information given herein is true and complete. I will notify the Council of any change in my circumstances that may affect my application and understand that the Council may be writing to the D.L.A.U. at Blackpool or to my Doctor to ascertain my eligibility for this scheme.

The personal information you have supplied on this form and held on our concessionary travel database will be used for concessionary travel and shared with other areas of the Council, the Police and other public bodies for the recovery of debt, prevention or detection of fraud or the detection of crime as permitted under the Data Protection Act 1998.

I certify that the above details are correct. I further acknowledge that I am aware that the permit is the property of Nottinghamshire County Council and I undertake to return it to the council if it is no longer required by me or its return is formally requested by an authorised officer of the council.

This authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form for the prevention and detection of fraud it may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Please Sign Here ..... **Date** ..... / ..... / .....

Print Name .....

Please ensure you have completed all the necessary sections before returning to:

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c/o Trent Bridge House
Fox Road
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Nottingham
NG2 6BJ
Please note that we <u>DO NOT</u> offer a while you wait service at this address.

FOR OFFICE USE ONLY

Date Received ..... Pass Number .....

Date Pass Issued ..... Companion Pass Yes / No

Initials ..... ID ..... Residency .....