



## 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).**

**There is no charge for this pass;** however there is a fee payable if you require a replacement. For a replacement please fill in the Replacement Concessionary Bus Pass Application Form.

If you have any difficulties or enquiries regarding the completion of this form, please telephone **0300 500 80 80**.

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

Is this a **new**  or **renewal**  application.

### **A** ABOUT YOU

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

First Names: .....

Surname: .....

Previous / Maiden Name: .....

Address: .....

.....

.....

Postcode: .....

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

Telephone Number: .....

E-mail address: .....

### **IN ORDER TO OBTAIN YOUR PASS YOU WILL NEED TO ENCLOSE A COPY OF**

**(Please DO NOT send original  
documents)**

#### **1 x Proof of Age/Identity**

(Birth Certificate, Passport,  
Driving Licence or Medical Card)

#### **PLUS**

#### **1 x Proof of Disability**

(Please see overleaf)

#### **PLUS**

#### **1 x Proof of Residency**

(Utility Bill or Bank Statement dated within  
the last 3 months or current year Council  
Tax Bill)

#### **PLUS**

#### **1 x Passport Sized Photo**

(With your name written on the reverse)

Please post your completed application form to the  
address on the back page.

## **B YOUR DISABILITY (MUST BE COMPLETED)**

### **Nature of Disability**

(Please tick all that apply)

- |   |                                 |                                |
|---|---------------------------------|--------------------------------|
| 1. I am registered/eligible for registration as blind or partially sighted.   | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 2. I am registered/eligible for registration as profoundly or severely deaf.  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 3. I am registered/eligible for registration as a person without speech.  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 4. I have a disability / have suffered an injury, which has a substantial and long-term adverse effect on my ability to walk.   | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 5. I am without the use of both arms (through loss of limbs) or long-term use of both arms.   | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 6. 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<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 7. 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<br><input type="checkbox"/> | No<br><input type="checkbox"/> |

**IF YOU ANSWERED 'YES' TO NUMBER 7 GO TO SECTION C**

**IF YOU ANSWERED 'NO' TO NUMBER 7 GO TO SECTION D**

## **C ONLY FOR PERSONS APPLYING ON THE GROUNDS OF REFUSAL / WITHDRAWAL OF A DRIVING LICENCE**

**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.**

Have you had a Driving Licence refused or revoked on medical grounds?

- |                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

**IF YOU HAVE ANSWERED 'YES' TO THE ABOVE, PLEASE SEND DOCUMENTED PROOF AND GO DIRECTLY TO SECTION F OR GO TO SECTION E IF NO PROOF AVAILABLE.**

**IF YOU HAVE ANSWERED 'NO' TO ALL OF THE ABOVE PLEASE GO TO SECTION E**

## **D PROOF OF DISABILITY (Section B must be completed)**

- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
| 1. Do you receive the <b>higher rate mobility</b> Component of Disability Living Allowance?  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 2. Do you receive War Pensioners Mobility Supplement or Armed Forces Compensation Scheme Tariff Level 1-8.   | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 3. Are you registered Blind or Partially Sighted?  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 4. Do you receive Personal Independence Payment (PIP) with an award of at least 8 points for ' <b>Moving Around</b> ' or ' <b>Communicating Verbally</b> ' activities? | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |

**IF YOU HAVE ANSWERED 'YES' TO ANY OF THE ABOVE, PLEASE SEND DOCUMENTED PROOF AND GO DIRECTLY TO SECTION F**

**IF YOU HAVE ANSWERED 'NO' TO ALL OF THE ABOVE PLEASE GO TO SECTION E**

## **COMPANIONS**

You can apply for a pass with companion's entitlement if you are unable to board public transport without assistance and meet at least one of the qualifying criteria below.

1. You are blind
2. You have a **severe** walking disability
3. You have a **severe** learning disability

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

**AND GO DIRECTLY TO SECTION E**

**TO APPLY FOR A COMPANIONS PASS A MEDICAL PROFESSIONAL MUST SIGN AND STAMP THE COMPANIONS SECTION OF SECTION E.**

## **E MEDICAL PROFESSIONALS CERTIFICATE**

To be filled in by a medical professional (e.g. General Practitioner, Hospital Consultant or Psychiatrist, Community Psychiatric Nurse).

Name of health professional.....Job title.....

I certify that (applicant's name).....

Has an injury / disability as detailed below:

.....

.....

Your official stamp

### **Please Complete all applicable**

1. is registered / eligible for registration as blind or partially sighted

Signed.....Date.....

2. is registered / eligible for registration as profoundly or severely deaf

Signed.....Date.....

3. is registered / eligible for registration as a person without speech

Signed.....Date.....

4. has a disability which will last at least 12 months and means that he/she cannot walk or is virtually unable to walk, due to.....

Signed.....Date.....

5. is without use of both arms, due to.....

Signed.....Date.....

6. has the following learning disability.....

Signed.....Date.....

7. Would be likely to be refused a driving licence on medical grounds, due to.....

Signed.....Date.....

**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.**

#### **Anticipated duration of disability:**

The applicant's illness is Permanent:

Temporary (greater than 12 months but not permanent):

If temporary please specify expected term of illness  months

#### **Companion**

If you have signed 1, 4 or 6 above, can the applicant only use public transport with the assistance of a companion?

**Please see criteria on opposite page.**

Yes  No

Signed:.....Dated:...../...../.....

## **F 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 DWP or to my medical professional to ascertain my eligibility for this scheme.

I certify that the above details are correct. I further acknowledge that I am aware that the bus pass 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.

The personal information collected on this form will be processed on computer to provide and manage the information or service that you have requested. For further details regarding your privacy, please see our Privacy Statement: <http://www.nottinghamshire.gov.uk/privacy/>

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 to administer concessionary travel and 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.

I have supplied copies of the required documents. **(PLEASE DO NOT SENT ORIGINALS).**

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

**Print Name**.....

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

**Transport and Travel Services**  
**PO Box 1889**  
**Nottingham**  
**NG2 9RU**

**PLEASE NOTE THAT WE DO NOT OFFER A WHILE YOU WAIT SERVICE.**

### **FOR OFFICE USE ONLY**

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

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

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