

County Durham Travel Scheme

Application Form (Disability)



Please use this form to apply for a Concessionary bus pass on Disability grounds.

Your Personal Details

Title:	First Name:	Surname:
Address:		
Postcode:	Telephone:	
Email address:		
Date of Birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>

Evidence of residence

We require you to send us evidence that you live in the area covered by Durham County Council, such as any official correspondence, council tax letter or utility bill addressed to you and dated within the last 3 months.

Evidence enclosed

The nature of your disability

Please note to be eligible for a disabled bus pass one or more of the conditions below must apply. See our website www.durham.gov.uk or call us on 03000 268667 for more information about the criteria for disabled bus passes.

- I am severely sight impaired (blind) / sight impaired (partially-sighted)
- I am profoundly or severely deaf
- I am without speech
- I have a disability or injury which has a substantial and long-term adverse effect on my ability to walk
- I am without the use of both arms
- I have a learning disability
- I have been (or would be) refused a driving licence, or my driving licence has been withdrawn, on medical grounds under Part III, Section 92 of the Road Traffic Act 1988

Please provide any other information about your disability that you wish to disclose:

Evidence to support your application

You will qualify for a bus pass on Disability grounds if you provide any of the evidence listed below to support your application.

If you do not have this evidence you may still qualify however we will require your permission to contact a relevant Health / Social Care Professional – see next page.

Condition or Qualifying benefit	Evidence
<input type="checkbox"/> Severely sight impaired / Sight impaired	CVI / Blind Registration Card
<input type="checkbox"/> Profoundly / Severely Deaf	Deaf Registration Card
<input type="checkbox"/> Blue Badge	Current Blue Badge
<input type="checkbox"/> War Pension Mobility Supplement	Current DWP Award Letter
<input type="checkbox"/> Disability Living Allowance - Mobility (Higher Rate)	Current DWP Award Letter
<input type="checkbox"/> P.I.P. – Moving Around (8 points or more)	Current DWP Award Letter
<input type="checkbox"/> P.I.P. – Planning & Following a Journey (10 points or more)	Current DWP Award Letter
<input type="checkbox"/> P.I.P. – Communicating Verbally (8 points or more)	Current DWP Award Letter
<input type="checkbox"/> Driving Licence revoked	DVLA Letter

Applying for a bus pass with Companion

Are you applying for a bus pass which allows a Companion to travel with you?

Yes

No

Severely sight impaired / Sight impaired

If you have provided evidence of your CVI / Blind Registration Card, you will automatically qualify for a bus pass which allows a Companion to travel with you.

Not Severely sight impaired / Sight impaired

You will automatically qualify for a bus pass which allows a Companion to travel with you if you **also** provide any of the evidence listed below.

Condition or Qualifying benefit	Evidence
<input type="checkbox"/> Disability Living Allowance – Care Component (Higher Rate)	Current DWP Award Letter
<input type="checkbox"/> Attendance Allowance (Higher Rate)	Current DWP Award Letter
<input type="checkbox"/> P.I.P. – Daily Living Component (12 points or more)	Current DWP Award Letter
<input type="checkbox"/> Care Home residents who would be entitled to any of the above three benefits	Current DWP Award Letter

If you do not have this evidence you may still qualify but we will need permission to contact a relevant Health / Social Care Professional – see next page.

For all applicants

- Please include copies of your evidence with your application.
- If the evidence you have provided has an expiry date, your bus pass will expire on the same date. If you wish to receive a further bus pass beyond this date, you will need to re-apply.

(If applicable) Permission to obtain information from a Health / Social Care Professional**

If you are unable to provide us with evidence that you automatically qualify for a bus pass, you may still be entitled to one. If you give permission for us to ask your Health / Social Care Professional for information about your disability, this will assist us in deciding whether you are eligible.

Please complete the following, using the details of the Health / Social Care Professional (**eg, GP, Social Worker, Occupational Therapist, etc) who has the most recent information about your disability.

Name of Health / Social Care Professional:

Address of Health / Social Care Professional:

Do you give consent for us to contact this Health / Social Care Professional to obtain information in connection with your application?

Yes

No

Please note that we are unable to disclose information received from your Health / Social Care Professional in connection with your application.

Declaration

I am applying for a bus pass and declare that the information given is true and complete. I will notify the Council of any change in my circumstances that may affect my application.

If I have given my permission by completing the section on this form, I understand that the Council may be writing to my Health / Social Care Professional to assess my eligibility for a bus pass.

I am aware that the bus pass is the property of Durham 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.

Signed: _____

Date: _____

If you are signing this on behalf of the applicant, please declare your relationship. Please note: the signatory must be over 18 years old.

Relationship to applicant (if appropriate): _____

Data Protection - All documents relating to this application will be dealt with in line with the Data Protection Act 2018 and may be shared within the local authority, with other local authorities and the police to detect and prevent fraud. Any medical information supplied to support this application is deemed, under the Data Protection Act, to be "special category data" and will only be disclosed to third parties as necessary for the operation and administration of the English National Concessionary Travel Scheme and to other Government Departments or agencies, to validate proof of entitlement or as otherwise required by law.

What you need to include

You need to send:

- A passport-sized photograph, with your name and address on the back.
- Your evidence of residence.
- Evidence of your eligibility, if available.

If you are not sure what to send, please call us on **03000 268667** or email passengertransport@durham.gov.uk.

Please do not send originals of your information as we will not be able to return them.

Please return to:

Passenger Transport, Durham County Council, County Hall, Durham, DH1 5UQ