

# 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 (Mr/Mrs/Miss/Ms/Other)

First name

Surname

Address

Postcode

Telephone

Email

Date of birth

I identify as

Male

Female

Other

Prefer not to say

## 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. If returning this form by email, please include a scan of your evidence.

Evidence enclosed

*Continued on following page*

## The nature of your disability

This is a list of the statutory grounds under which a bus pass can be issued. You will need to provide proof of eligibility and section 1 (see page 2) lists the evidence we will accept. See our website [www.durham.gov.uk](http://www.durham.gov.uk) or call us on **03000 268 667** for more information about the criteria for disabled bus passes.

Please tick ✓ all that apply

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I have been (or would be) refused a driving licence, or my driving licence has been withdrawn, on medical grounds under Part III, Section 92 of the Road Traffic Act 1988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:

*Continued on following page*

## Evidence to support your application

You will qualify for a bus pass on Disability grounds if you provide any of the evidence listed in Section 1 below to support your application (**evidence must be current**).

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.

**Section 1** Please tick ✓ all that apply

Condition or Qualifying benefit	Evidence
Severely sight impaired/Sight impaired	CVI/Blind Registration Card
Profoundly/Severely Deaf	Deaf Registration Card
Blue Badge	Blue Badge
War Pension Mobility Supplement	DWP Award Letter
Disability Living Allowance - Mobility (Higher Rate)	DWP Award Letter
P.I.P. – Moving Around (8 points or more)	DWP entitlement statement
P.I.P. – Communicating Verbally (8 points or more)	DWP entitlement statement
Driving Licence revoked, or would be refused, due to a medical condition	DVLA Letter or statement from medical practitioner

## Applying for a bus pass with Companion

(To qualify for a companion pass you must first be eligible for a disabled persons travel pass - see above. Your companion is not issued a separate pass. Your companion **CANNOT** use your pass without you.

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.

### Sight impaired but not severely 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 in Section 2 (**evidence must be current**).

*Continued on following page*

**Section 2** Please tick ✓ all that apply

<b>Condition or Qualifying benefit</b>	<b>Evidence</b>
Disability Living Allowance - Care Component (Higher Rate)	DWP Award Letter
Attendance Allowance (Higher Rate)	DWP Award Letter
P.I.P. – Daily Living Component (12 points or more)	DWP Award Letter
P.I.P. – Planning and Following a Journey (10 points or more)	DWP Award Letter
Care Home resident entitled to any of the above three benefits	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** (eg, GP, Social Worker, Occupational Therapist, etc)

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 who has the most recent information about your disability.

Name of Health/Social Care Professional

Address of Health/Social Care Professional

Email 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.

*Continued on following page*

## 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 268 667**  
or email [encts@durham.gov.uk](mailto:encts@durham.gov.uk)

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

## Please return to

[encts@durham.gov.uk](mailto:encts@durham.gov.uk)

or by post to Integrated Passenger Transport, Durham County Council, Corten House, DH1 5TS