



**TRANSPORT SERVICES
APPLICATION FOR CONCESSIONARY TRAVEL PERMIT
CRITERIA B / COMPANION**

Eligible people, who live within Redcar & Cleveland are entitled to an ENCTS bus pass that enables them to travel for free on local bus services anywhere in England from 09:30am to 11:00pm, Monday to Friday, and all day at weekends and bank holidays.

FULL NAME.....
ADDRESS
.....
DATE OF BIRTH..... TELEPHONE.....
OCCUPATION.....
NATIONAL INSURANCE NO.....

To receive a concessionary bus pass, you must have a disability which is permanent, which has lasted at least 12 months (or likely to last at least 12 months) and which has a substantial effect of the ability to carry out normal day to day activities.

PLEASE NOTE: PEOPLE WHO PERSISTENTLY MISUSE DRUGS AND ALCOHOL ARE NOT COVERED BY THE DEFINITION DISABLED PERSON AND DO NOT QUALIFY

You may automatically qualify for a bus pass if you are in receipt of any of the following but you **MUST** supply evidence in support of your application:

<input type="checkbox"/> Higher Rate Mobility component of Disability Living Allowance (<i>Please supply copy of DLA letter</i>)
If yes, is it awarded indefinitely? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiry date
<input type="checkbox"/> PIP (Personal Independent Payment) enhanced mobility component (<i>Please supply copy of PIP letter</i>)
If yes, is it awarded indefinitely? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiry date
<input type="checkbox"/> A War Pensioner's mobility supplement
If yes, is it awarded indefinitely? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiry date
<input type="checkbox"/> A disabled persons' Blue Parking Badge <input type="checkbox"/> Yes <input type="checkbox"/> No
Expiry date (<i>Please supply copy of parking badge</i>)

Please specify which of the following criteria you are applying under, supplying evidence where possible:

<input type="checkbox"/> Are you registered blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No
or partially sighted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, do you consent to us to check the local authority's register of blind people to see whether your disability is already known to the council? Yes No

Which authority are you registered with?

If no, then please enclose a copy of your Certificate of Vision Impairment (CVI) or a BD8 form, signed by a Consultant Ophthalmologist

Are you profoundly or severely deaf? (Please provide evidence of the plotted graph inside your Hearing aid record book "Brown Book")

Are you without speech?

Are you without arms or have long-term loss of use of both arms?

Do you have a significant learning disability that is a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning and need a bus pass to attend appointments and social activities?

Please state condition.....

Please state which school/centre or community services you attend.

Do you have support at School/ College? Yes No

If yes, please give details.....

To support your bus pass in relation to a significant learning difficulty you must have form C - Certificate of Eligibility completed by your social worker or community nurse

You cannot complete this form yourself

Are you accessing community services/day services, mental health or LD services?

Name of service

Contact Name

Telephone number

If you applied for a driving licence, would you be refused on medical grounds?

Please state the reason.

If due to medication, **please supply evidence of prescription.**

Can you supply evidence from the DVLA or a medical professional to support your application? Yes No

If due to Epilepsy, when was your last seizure?

(Please supply evidence of prescription.)

How frequently do they occur?

Do they occur when you are awake asleep Both ?

Do you have any medical conditions that affect your mobility?

Please state the nature of your disability.....

How long have you had your disability?

Please state distance you are able to walk.....

GP name and address of surgery

..... Telephone

I declare that I am entitled to apply for a concessionary travel permit. I give my written consent to seek further information from my G.P. Social Services or involved health professional to support my application if need be.

Signed Date

Additional Information Requesting a Companion to Travel

People who due to a disability are unable to travel on public transport without the aid of a companion for the duration of the journey, are eligible for a concessionary bus pass with a companion entitlement. Your bus pass will show '+C' in the top right-hand corner to denote this entitlement.

Applicants who are eligible for a companion will be able to access buses across the Tees Valley Area from 9.30 am to 23.00 pm

In order to determine if you are eligible, Health and Social Care (Adult's and Children's) will be contacted to verify that your disability meets the assessment criteria for a companion bus pass. You may be contacted by an Occupational Therapist to arrange an assessment

Please provide details as to why you require a companion to travel with you.

Signature ----- Date -----

RETURN ALL OF THIS APPLICATION TO:

Transport Services
Fairway House
Limerick Road
Redcar TS10 5JU

The actual definitions for eligibility for a Concessionary Travel Permit are laid down in the Transport Act 2000 – your application will be assessed against these guidelines.