



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

FULL NAME.....
ADDRESS

.....
DATE OF BIRTH..... TELEPHONE.....
OCCUPATION.....

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.

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:

Higher Rate Mobility component of Disability Living Allowance (*Please supply copy of DLA letter*)
If yes, is it awarded indefinitely? Yes No Expiry date

PIP (Personal Independent Payment) enhanced mobility component (*Please supply copy of PIP letter*)
If yes, is it awarded indefinitely? Yes No Expiry date

A War Pensioner's mobility supplement
If yes, is it awarded indefinitely? Yes No Expiry date

A disabled persons' Blue Parking Badge Yes No
Expiry date (*Please supply copy of parking badge*)

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

Are you registered blind or partially sighted? Yes No
 Yes 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

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

RETURN THIS FORM 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.