



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

FULL NAME.....
ADDRESS .....
DATE OF BIRTH..... TELEPHONE.....
EMAIL ADDRESS.....
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:**

<input type="checkbox"/> <b>Higher Rate Mobility component of Disability Living Allowance</b> <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"/> <b>PIP (Personal Independent Payment) enhanced mobility component</b> <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"/> <b>A War Pensioner's mobility supplement</b> If yes, is it awarded indefinitely? <input type="checkbox"/> Yes <input type="checkbox"/> No    Expiry date .....
<input type="checkbox"/> <b>A disabled persons' Blue Parking Badge</b> <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"/> <b>Are you registered blind or partially sighted?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<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***

<input type="checkbox"/> <b>Are you profoundly or severely deaf?</b> <i>(Please provide evidence of the plotted graph inside your Hearing aid record book "Brown Book")</i>
<input type="checkbox"/> <b>Are you without speech?</b>
<input type="checkbox"/> <b>Are you without arms or have long-term loss of use of both arms?</b>

**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.**