



Cambridgeshire Concessionary Travel Scheme Application Form



Eligibility table

Please indicate your eligibility for a concessionary bus pass. Please note that proof of eligibility and proof of residency (for example utility bill, official letter, in your own name) will be required in all cases.

Accepted eligibilities for concessionary travel	Accepted proofs	Tick (box that applies)	Code (office use only)
1. Eligible because of age. (For information of eligibility by age and to use the age calculator go to www.cambridgeshire.gov.uk /buspass).	Birth certificate or driving licence showing date of birth. Other forms of identification may be acceptable if date of birth is shown.		
2. Blind or partially sighted.	Evidence of registration with an appropriate association or body (for example social services) or certificate of vision impairment (ask your GP to refer you to an eye specialist).		a
3. Profoundly deaf with an overall hearing loss of 70dB or more.	Evidence of registration with an appropriate association or body (for example social services) or to register please contact your local sensory support unit.		b
4. Without speech	GP* to complete GP / NHS section of form.		c
5. Disability makes walking difficult	Evidence of Higher rate mobility component of Disability Living Allowance or War Pensioner's mobility supplement.		d
6. Without arms or have long term loss of the use of both arms	Evidence of Higher Rate mobility component of Disability Living Allowance or GP* to complete GP / NHS section of form.		e
7. Learning disability, that is, a state of arrested or incomplete development of mind, which includes significant impairment of intelligence and social functioning. These disabilities must have started before adulthood and have a lasting effect on development. Please note that conditions such as dyslexia, dyspraxia and ADHD are not covered by this definition.	School pupils A copy of your Statement of Special Educational Needs (SEN) Adults aged 16 and over Evidence (on headed paper) of attendance at or association with a local learning disability organisation or GP to complete section overleaf		f
8. If applying for a driving licence the application would be refused on the grounds of ◆ epilepsy (have had an attack whilst awake within the last 12 months or an attack whilst asleep within the last 3 years) ◆ severe mental disorder ◆ inability to read a registration plate in good light at 20.5 metres (with lenses if worn) ◆ other disability that would be likely to cause the driving of vehicles by me to be a source of danger Those refused a driving licence through misuse of alcohol or drugs will have their application refused.	DVLA letter or GP / NHS Mental Health Professional (where appropriate) to complete GP / NHS section of form.		g

* Your GP may charge for completing the form. We suggest that you only ask your GP to complete the form if you cannot supply any of the other documents listed. We will not pay for any GP charges you incur in completing this form.

Application form

Please use **CAPITALS** when completing the form

Section 1. Applicant to complete

Please return completed form with a current passport style photograph (with your name and date of birth written on the back) and photocopies of eligibility documents including a copy of a recent utility bill as evidence of your address to **Concessionary Bus Pass Administration, PO Box 144, St Ives, Cambridgeshire, PE27 9AU**. Once your application is processed your bus pass will be posted to you direct. For advice or assistance with completing this form please call **0345 045 1367**.

Last Name

Fore Names.....

Title (Mr/Mrs/Miss/Ms/Dr)

Address

.....

Postcode

Home Telephone (with code)

Mobile Telephone

Email address.....

Date of birth*

*your date of birth will not be shown on your bus pass but the information will be stored.

Gender (Male / Female)

National Insurance No.....

- ◆ I declare that to the best of my knowledge all the information I have provided is correct.
- ◆ I understand that I must promptly inform my local authority of any changes that may effect my entitlement to a pass.
- ◆ I agree to the local authority sharing information on this form with other local authorities or agencies responsible for the Concessionary Bus Pass scheme for the purpose of preventing and detecting crime.
- ◆ Data Protection Act 1998. I understand that the information supplied to me on this form will be maintained by the local authority and will not be disclosed to any other party. I further understand that any information I have supplied to support this application is deemed to be "sensitive personal data" and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Concessionary Bus pass Scheme and any other government departments or agencies to validate proof of entitlement.

Signed	Date
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For office use only	Pass No	Photocard No	Expiry Date	Replacement Pass
				Yes <input type="checkbox"/> No <input type="checkbox"/>

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Section 2. GP / NHS Mental Health Professional to complete (if necessary)

GP / NHS Mental Health Professional (delete which not applicable).

Name

Surgery / work address

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Postcode

Work telephone.....

Mobile telephone

Email address.....

I certify that the applicant named in Section 1

- Has a learning difficulty as defined in Section 7 of the Eligibility Table
- Would be refused a driving licence as defined in Section 8 of the Eligibility Table
- Is without speech
- Is without arms or has the long term loss of the use of both arms

Please provide a brief description as to why the application meets the criteria

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Signed

Date

GP's please be aware that for your patient's application to be considered a practice stamp must be provided.
Thank you.

Practice Stamp

The council is registered under the Data Protection Act 1998 for the purpose of processing personal data in the performance of its legitimate business. Any information held by the council will be processed in compliance with the eight principles of the Act. Information you have provided may be shared with other public sector organisations for the prevention and detection of fraud. Further information relating to your rights under the Data Protection Act can be sent to you on request