# English National Concessionary Travel Scheme



# **Disabled Person's Concessionary Travel Pass Application Form**

Disabled Concessionary Travel passes are awarded to people of fare paying age who qualify under any of the seven categories of disability defined by the Transport Act 2000. The qualifying conditions of the seven categories are very specific and your disability must be long term or likely to last at least 12 months.

To be eligible applicants must reside permanently in Northumberland and meet one or more of the following eligible categories of disability:

- A Registered blind or partially sighted
- B Severely or profoundly deaf
- C Without speech
- D Without the use of both arms
- E Walking disability
- F Significant learning disability
- G Would be refused a licence to drive a motor vehicle, or have had a licence withdrawn on the grounds of physical fitness, other than on the grounds of persistent misuse of alcohol or drugs, for example:
  - i. Uncontrolled epilepsy
  - ii. Severe mental disorder
  - iii. Liability to sudden attacks of giddiness or fainting (whether because of cardiac disorder or otherwise)
  - iv. Inability to read a registration plate in good light at 20.5 metres (with lenses)
  - v. Other disabilities (for example vascular dementia, locomotor, renal or neurological disorder)

Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity, and evidence of eligibility. Northumberland County Council will be unable to issue a pass if you do not provide adequate evidence that you meet the eligibility criteria, and your application may be refused.

# **Disabled Person's Concessionary Travel Pass Application Form**

Use this form to apply for a disabled person's English National Concessionary Travel Scheme bus pass. There are five sections in this you must complete sections one, two and four, section three should only be completed if you are eligible for a companion pass, and section five only needs to be completed if you are submitting evidence from a medical professional.

**Part One**: "About You". If you are applying by post or email, you must supply a recent passport style and quality colour photograph. Please note hats and sunglasses must not be worn in the photograph; head coverings for religious reasons may be worn but these must not obscure the face. A photograph can be taken free of charge at any of Northumberland County Council's Customer Information Centres, for details of your nearest centre call 0345 600 6400 (local charges apply).

**Part Two**: "Disabilities and Medical Conditions". You must provide details of your disability and submit the required evidence in order to be eligible for a disabled person's concessionary travel pass. Details of the evidence required is outlined under each category of disability.

**Part Three (optional)**: If you are unable to travel alone you **may** be entitled to a companion pass. Your companion may be a carer, relative or friend of any age. The pass allows you and your companion to travel free of charge as per the Northumberland concessionary travel pass scheme. In order to qualify for a companion pass the applicant **must** be in receipt of one of the benefits outlined on page 7 or provide a letter from specialist doctor/ independent health professional/ registered medical practitioner to confirm that you are unable to travel alone.

**Part Four**: Submitting your application and declaration. You must sign and date your application and submit it by following the instructions on page 8. Remember to enclose your supporting documentation, proof of address, proof of identity/date of birth and proof of your disability, with your application. If you are applying by post, do not send original documents, please supply copies instead. Please note copies will not be returned.

You may find it quicker and easier to email your completed application and supporting documents to **concessionarytravel@northumberland.gov.uk** 

**Part Five (optional)**: If the applicant is unable to provide relevant evidence of disability, the medical declaration form can be used to evidence entitlement. This form must be completed by a medical professional responsible for the care of the applicant. We **will not** contact your medical professional to obtain information for you and we **will not** be responsible for any costs incurred as part of the application process.

### Further help and information

If you need additional help or information with your application, please contact the concessionary travel team on 0345 600 6400 or alternatively email: <u>concessionarytravel@northumberland.gov.uk</u>

### **Concessionary Travel Team**

Northumberland County Council County Hall Morpeth Northumberland NE61 2EF

#### **Medical Assessment**

Where there is any doubt about eligibility, Northumberland County Council may seek independent medical evidence to inform their decision. If we need you to have an assessment, we will pass any information you have given us to an independent organisation who will carry out the assessment for us.

NCC Office Use Only:			
Date Receive	Evidence	Decision	
Sight	Hearing Speech Learning	g Arms Walking	Driving
Part 1: Abo	ut You		
Title			
First Name			Attach your photo here
Surname			Clearly print your name and postcode on the back of your photo before attaching it
Address			
Postcode		Date of Birth	
Telephone		Email	
Preferred me	ethod of contact: Email / Letter / Teler	phone	

### **Proof of Identity**

Please supply a **copy** of proof of your identity and date of birth from one of the following:

**Birth Certificate** .

• Passport

**Driving Licence** •

- Please note copies will not be returned

# **Proof of Address**

Do you give Northumberland County Council permission to check your personal details on the local authority Council Tax database to prove your address? Yes.

No I do not give permission – You must therefore supply a copy of one of the following. The requirements are similar to a passport photo. Copies will not be returned.

- Driving Licence
- Council Tax Bill\*\* • Utility Bill\*\* \*\*dated within the last six months
- Benefit Letter\*\*

Proof of Eligibility – Supply a copy (not original) of one of the following:

- Medical evidence to support that you are unable to use both arms for day-to-day tasks
- Photocopy of both sides of your Blue Badge

I am without the use of both arms

# Part 2: Disability and Medical Conditions

On submission of your application please provide the necessary evidence for the category for which you are applying. If you are applying by post, please do not send original documents, please supply photocopies instead (photocopies will not be returned). You may find it quicker and easier to email your completed application and evidence to <u>concessionarytravel@northumberland.gov.uk</u>

# A. I am registered blind or partially sighted

Proof of Eligibility – Supply a copy (not original) of one of the following:

- Certificate of vision impairment (CVI previously known as BD8)
- Confirmation that you are registered with the local authority as blind or partially sighted
- A letter from an eye specialist confirming that you are blind or partially sighted

# B. I am severely or profoundly deaf

Proof of Eligibility – Supply a copy (not original) of one of the following:

 Audiogram or letter from a medical professional indicating hearing loss has reached 70 – 95+ dBHL in both ears. The hearing loss will be calculated from the better ear and taken as a average across the normal hearing spectrum

# C. I am without speech

D.

This does not include persons whose speech is slow or difficult to understand because of, for example, a sever stammer.

Proof of Eligibility – Supply a copy (not original) of one of the following:

- Personal Independence Payment (PIP) award letter, including breakdown of points, stating that you have at least 8 points for the "communicating verbally" activity
- Evidence from a medical professional confirming that you are completely without speech





#### Part 2: Disability and Medical Conditions

Ε.	I have a walking disability
	Do you receive the Higher Rate Mobility Component

Do you receive the Higher Rate Mobility Component of Disability Living Allowance (DLA) or at least 8 points specifically in the "moving around" activity of Personal Independence Payments (PIP)

Yes	No	
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Do you receive the War Pensions Mobility Supplement or a benefit under the Armed Forces Compensation Scheme?

Yes 🗌 No 🗋

Proof of Eligibility – The evidence required:

If <u>yes</u> to any of the above we need to see a copy of the full award letter, including the breakdown of points, that confirms you have been awarded DLA, PIP, War Pensions mobility supplement or a lump sum under the Armed Forces Compensation Scheme

Do you hold a Blue Badge parking permit?

Yes 🗋	No
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Proof of Eligibility – The evidence required:

If **<u>yes</u>** please provide the Badge Reference Number, the expiry date, and a copy of both sides of your Blue Badge

Badge Reference:		Expiry Date:	
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If you have answered <u>**no**</u>, to all the above, you may still qualify if you have a disability or have suffered an injury which has a substantial and long-term adverse effect on your ability to walk or be unable to walk at all.

Proof of Eligibility – Supply one of the following:

- A letter or statement completed by a doctor or medical professional confirming in accordance with Department of Transport guidance that 'you are unable to walk more than 64 metres without severe discomfort'.
- Section 5 of this application completed by a doctor or medical professional confirming your eligibility

# F. I have a significant learning disability

This is a state of arrested development of mind which includes significant impairment of intelligence and social functioning. The learning disability must have started before adulthood and have a lasting effect on development. This means a significant reduced ability to understand new or complex information, a significant difficulty in learning new skills and be unable to cope independently, for example household tasks, socialising or managing money – which affects someone for their whole life.

This includes:

- Down Syndrome
- Severe autistic spectrum disorders
- Other learning disabilities which mean that you:
  - Have difficulty in understanding new or complex information, and
  - have difficulty learning new skills, and
  - o are not able to cope independently

You will not be eligible under this category because of:

- Dyslexia or attention deficit disorder these would not qualify as 'significant impairment of intelligence and social functioning'.
- Dyspraxia this is incomplete physical development, rather than incomplete development of mind
- Mental Health problems
- ADHD attention deficit hyperactivity disorder
- Any condition which started after you became an adult, for example a brain injury

Proof of Eligibility – Supply a copy (not original) of one of the following:

- Letter from the manager or the residential home or supported accommodation where you are a resident
- Letter from a medical professional or Social Services who has you under their care, stating that you have a significant learning disability as defined above
- Statement of Special Educational Needs

# G. I have a medical condition that means I am unable to apply for/hold a UK driving licence

If you hold a valid driving licence (full or provisional), or your condition is a direct result of the misuse of drugs or alcohol you **will not** be eligible under this category. This category covers disabilities which are likely to cause your driving of vehicles to be a source of danger to the public. For example, dementia, cardiac disorders, severe mental disorders and long-term epilepsy.

Proof of Eligibility – Supply a copy (not original) of one of the following:

- Recent letter from the DVLA to confirm that your licence has been refused or revoked for a minimum of 12 months
- Letter from a medical professional, confirming that you are unfit to drive, detailing the reasons and the length of time for which you will be unable to drive

# **Eligibility for a Companion Pass**

If you are unable to travel alone, you **<u>may</u>** be entitled to a companion pass. Your companion may be a carer, relative or friend of any age. The pass allows you and your companion to travel free of charge as per the Northumberland concessionary bus pass scheme.

Do you	u wish to	apply for a	companion pass? (See eligibility criteria ou	tlined below)
Yes		No	□ (if <b>no</b> proceed to part 4)	

To qualify for a companion pass you must first be eligible for a disabled persons travel pass, and then answer **yes** to one of the following questions:

,	U	Rate Care Component of Disability Living Allowance?
Yes 📙	No	
Do you receive the Payment?	Enhan	ced Rate <b>Daily Living Component</b> of Personal Independence
Yes 🗆	No	
Do you receive the	Attenc	lance Allowance at the Higher Rate?
Yes 🗆	No	
		om a specialist doctor/ independent health professional/ registered ming that you are unable to travel alone?

Proof of Eligibility – Supply a copy (not original) of one of the following:

- Department of works and pensions award letter confirming the applicant is in receipt of the Higher Rate Care Component of Disability Living Allowance
- Department of works and pensions award letter confirming the applicant is in receipt of the Enhanced Rate Daily Living Component of Personal Independence Payment.
- Department of works and pensions award letter confirming the applicant is in receipt of Attendance Allowance at the Higher Rate.
- A letter from a specialist doctor/ independent health professional/ registered medical practitioner confirming that you are unable to travel alone.

Your companion is not issued a separate pass. A companion pass has an orange stripe down the right-hand side of the pass with a C+ symbol at the top right hand corner which tells the driver that you require a companion. Your companion CANNOT use your pass without you.

# Part 4: Submitting your application

Please ensure you supply:

One **COPY** of a proof of identity

One **COPY** of a proof of address document

One passport style/sized colour photograph

One **COPY** of proof of disability document

You may find it quicker and easier to email your completed application and supporting evidence to **concessionarytravel@northumberland.gov.uk** 

If you are applying by post, please return to the address below. If you are applying by post, **do not send original documents, please supply copies instead.** Please note copies <u>will not</u> be returned.

# **Concessionary Travel Team**

Northumberland County Council County Hall Morpeth Northumberland NE61 2EF

You may also hand in your form into one of our Customer Services Centres. Please visit <u>www.northumberland.gov.uk</u> for details.

## PLEASE READ THIS DECLARATION CAREFULLY BEFORE SIGNING YOUR FORM - I certify

that the information supplied is correct, that I am eligible by Disability and that I am a permanent resident with the County of Northumberland and that I will abide by the conditions of use which I understand may be revised from time to time. I understand that Northumberland County Council or its agents may wish to seek medical or other professional evidence of my disability and authorise you to contact my medical referee.

Signature:	Date:	

Personal information retained by, or submitted to, Northumberland County Council is governed and protected by the General Data Protection Regulation 2018 (GDPR).

# This page must only be completed by a Medical Professional

Details of applicant:

Title		
First Name		
Surname		
Date of Birth		
I can confirm grounds that	that the applicant named above meets the required eli they: (please tick one box only)	gibility for a Disabled Bus Pass on the
are bl	ind or partially sighted.	
are pr	ofoundly or severely deaf.	
are w	thout speech.	
	a disability or have suffered an injury, which has a subs ability to walk (i.e. would not be able to walk 64 metres	
do no	t have arms or have long term loss of use of both arms	
	a significant learning disability (not difficulty) defined as opment of mind, which includes significant impairment	
would	have their application for a driving licence refused on	the grounds of medical fitness.
Description o	f Disability (Sight/audio scores if applicable)	
For guidance	, please indicate how long the disability limitations will	ast in relation to the eligibility category:
	1year 3 years 5 years	Life
Your Name a	nd Medical Title:	
Contact Addr	ess:	
Contact Num	ber:	
Signed:	Date:	Official Surgery Stamp
information a further inform	any fees/charges due as the result of supplying this re paid by the applicant. Should you require any ation regarding this form please contact and County Council's concessionary travel team on 00.	(Required)