

English National Concessionary Travel Scheme

Disabled Person's Concessionary Travel Pass Application Form

Disabled Concessionary Travel passes are for people of fare paying age who have a disability defined by the Transport Act 2000.

There are seven categories which are very specific.

- Your disability must be long term or likely to last at least 12 months.
- You must live 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- G Would be refused a licence to drive a motor vehicle, or have had a licence withdrawn on the grounds of physical fitness, other than on the grounds of persistent misuse of alcohol or drugs, for example: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)

Complete all relevant sections of the application form.

Supply the appropriate documents to confirm your address, identity, and evidence of eligibility.

If these are not supplied your application may be refused.

Guidance notes

You must complete Parts One, Two and Four.

Part Three is if you are eligible for a companion pass.

Part Five is 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 colour photograph. Do not wear hats and sunglasses in the photograph. Head coverings for religious reasons may be worn but these must not obscure the face. Our Customer Service Centres can take your photograph for free.

Part Two: "Disabilities and Medical Conditions".

Give details of your disability and the required evidence. Details of evidence needed is in each category of disability.

Part Three: "Companion Passes" (optional)".

If you're unable to travel alone you may be entitled to a companion pass. Companions may be a carer, relative or friend of any age.

To qualify for a companion pass you must

- be in receipt of one of the benefits listed on page 5

or

- provide us with a letter from a specialist doctor, independent health professional, registered medical practitioner or EHCP Officer confirming you're unable to travel alone.

Part Four: "Submitting your application".

You must sign and date your application. Enclose with your application:

- proof of address
- proof of identity/date of birth
- proof of your disability

Do not send original documents send copies instead. We will not return these copies.

You can email your application and supporting documents to

concessionarytravel@northumberland.gov.uk

Part Five: "Declaration by medical professional" (optional).

If you cannot provide evidence of disability you can use part five.

A medical professional responsible for your care must fill in Part Five.

We do not contact your medical professional to get information for you.

We will not be responsible for any costs incurred as part of the application process.

Further help and information

If you need help or information with your application contact the concessionary travel team on 0345 600 6400 or email: concessionarytravel@northumberland.gov.uk

Concessionary Travel Team, Northumberland County Council, County Hall, Morpeth, NE61 2EF

Medical Assessment

If we have any doubt about eligibility, or if we need you to have an assessment, we will pass the information you have given us to an independent organisation to carry out the assessment for us.

NCC Office Use Only:

Date Received Evidence Decision
Sight ☐ Hearing ☐ Speech ☐ Learning ☐ Arms ☐ Walking ☐ Driving ☐

Part 1: About You

Title

First Name

Surname

Address

.....

Postcode Date of Birth.....

Telephone Email.....

Preferred method of contact: Email / Letter / Telephone

Attach your
photo here

Clearly print your
name and postcode on
the back of your photo
before attaching it

Proof of identity

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

- Birth Certificate
 - Driving Licence
 - Passport
- 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 or No

If you do not give permission - you must supply a copy of one of the following.

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

Copies will not be returned.

Part 2: Disability and Medical Conditions

Please provide the necessary evidence for the category for which you are applying.
Do not send original documents, please supply photocopies instead. These will not be returned.
You may email your completed application and evidence to
concessionarytravel@northumberland.gov.uk

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 an average across the normal hearing spectrum

C. I am without speech ☐

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

D. I am without the use of both arms ☐

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

E. I have a walking disability ☐

- 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 or No

- Do you receive the War Pensions Mobility Supplement or a benefit under the Armed Forces Compensation Scheme?

Yes or No

Proof of Eligibility – The evidence required:

If **yes** 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 or No

Proof of Eligibility – The evidence required:

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

Badge Reference: Expiry Date:

- If you have answered no 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
- Other learning disabilities which mean that you:
 - Have difficulty in understanding new or complex information, **and**
 - have difficulty learning new skills, **and**
 - 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 the 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
- Letter from an EHCP Officer stating that you have significant learning disability as defined above

G. I have a medical condition so 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 e.g. 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

Part 3: Companion Passes

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 bus pass scheme.

Do you wish to apply for a companion pass? (See eligibility criteria outlined below)

Yes or No (if **no** 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:

Do you receive the Higher Rate Care Component of Disability Living Allowance?

Yes or No

Do you receive the Enhanced Rate Daily Living Component of Personal Independence Payment?

Yes or No

Do you receive the Attendance Allowance at the Higher Rate?

Yes or No

Can you supply a letter from a specialist doctor/ independent health professional/ registered medical practitioner/ EHCP Officer confirming that you are unable to travel alone?

Yes or No

Proof of Eligibility – Supply a copy not the 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/ EHCP Officer 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.

Do not send original documents, please supply copies instead. Copies will not 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 [Northumberland County Council](#) 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).

Part 5: Declaration by Medical Professional

This page must only be completed by a Medical Professional

Details of applicant:

Title

First Name

Surname

Date of Birth

I can confirm that the applicant named above meets the required eligibility for a Disabled Bus Pass on the grounds that they: (please tick one box only)

- ☐ are blind or partially sighted.
- ☐ are profoundly or severely deaf.
- ☐ are without speech.
- ☐ have a disability or have suffered an injury, which has a substantial and long term adverse effect on their ability to walk (i.e. would not be able to walk 64 metres without severe discomfort).
- ☐ do not have arms or have long term loss of use of both arms.
- ☐ have a significant learning disability (not difficulty) defined as 'A state of arrested or incomplete development of mind, which includes significant impairment of intelligence and social functioning'.
- ☐ would have their application for a driving licence refused on the grounds of medical fitness.

Description of Disability (Sight/audio scores if applicable)

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For guidance, please indicate how long the disability limitations will last in relation to the eligibility category:

1year ☐ 3 years ☐ 5 years ☐ Life ☐

Your Name and Medical Title:.....

Contact Address:

.....

Contact Number:

Signed: _____ Date: _____

Please note any fees/charges due as the result of supplying this information are paid by the applicant. Should you require any further information regarding this form please contact Northumberland County Council's concessionary travel team on 0345 600 6400.

Official Surgery Stamp
(Required)