

Cambridgeshire and Peterborough Concessionary Fare Scheme Application Form

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

| Accepted eligibilities for concessionary travel | Accepted proofs | Tick box |
|--|--|----------|
| I am of state pension age and eligible for a bus pass, please check www.gov.uk/state-pension-age | Birth certificate or driving license showing date of birth or passport (other forms of identification may be acceptable if date of birth is shown) <u>Passport size photograph is required</u> | |
| If I applied for a driving license 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 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 license through misuse of alcohol or drugs will have their application refused | DVLA refusal letter or GP / NHS Mental Health Professional (where appropriate) to complete section overleaf | |
| I have a 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. Conditions such as dyslexia, dyspraxia and ADHD are not covered by this definition | School pupils: A copy of your Educational Health & Care Plan (EHCP) 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. Or you are receiving Personal Independence Payment for communicating verbally because you can express and understand basic verbal information with help from someone who is trained or experienced in helping people to communicate. Or that you cannot express or understand verbal information at all, even with help from someone trained or experienced in helping people to communicate | |
| I am blind or partially sighted | Evidence of registration with an appropriate association or body (e.g. social services) or certificate of vision impairment (ask your GP to refer you to an eye specialist) | |
| I am severely or profoundly deaf with an overall average hearing loss of 70dB or more | Evidence of registration with an appropriate association or body (e.g. social services) or to register contact your local sensory support unit | |

Continued overleaf



| Accepted eligibilities for concessionary travel | Accepted proofs | Tick box |
|--|--|----------|
| I am without speech | GP to complete section below | |
| I have a disability making walking difficulty | Evidence of Higher Rate mobility component of Disability Living Allowance or War Pensioner's mobility supplement or are receiving Personal Independence Payment for moving around activity because you cannot move unaided for more than 50 metres | |
| I am 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 section below | |

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

Applicant details (Please use block capitals when completing this form.)

Full name: (including middle names if applicable) _____ Telephone no.: (including STD code) _____
 _____ Email address: _____
 Title: (i.e. Mr, Mrs, Miss, Ms, Dr, etc) _____ I confirm that all information I have given is correct and I understand and agree that if necessary, contact will be made with my GP / NHS Mental Health Professional to confirm eligibility.
 Date of Birth*: _____ Gender: M ___ F _____
 Address: _____

 Signed: _____
 Postcode: _____ Date: _____ *Date of birth will not be shown on your bus pass; however this information will be stored.

| For office use only | Pass No. | Photocard No. | Expiry Date | Replacement Pass |
|---------------------|----------|---------------|-------------|-------------------|
| | | | | Yes No..... |

Section for GP / NHS Mental Health Professional to complete

GP's / NHS Mental Health Professional's name: _____ I certify that the applicant named above would be refused a driving licence as stated overleaf
 _____ or has a learning disability as stated overleaf
 Surgery / Work address: _____ is without speech
 _____ or is without arms or has long-term loss of the use of both arms
 _____ Postcode: _____ Signed: _____
 Telephone Number: _____ Date: _____

Please provide a description as to why the applicant meets the criteria:

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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

Practice Stamp - In the case of GPs this must be provided if your patient's application is to be considered