

Concessionary Bus Pass Supporting Medical Evidence Form



Your details

Title:		First name:		Surname:	
Date of Birth:					
Address:					
Post code:					
Telephone:					
Email:					

Medical Professionals Evidence

To be filled in by a medical professional (e.g. General Practitioner, Hospital Consultant or Psychiatrist, Community Psychiatric Nurse, Paediatrician).

Name of health professional

Job title

Address

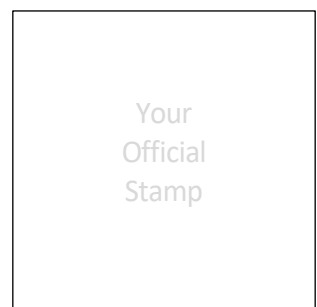
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I certify that (applicant's name).....

Has an injury / disability as detailed below:

.....

.....



Please Complete all applicable

- is registered / eligible for registration as blind or partially sighted
- is registered / eligible for registration as profoundly or severely deaf
- is registered / eligible for registration as a person without speech
- has a disability which will last at least 12 months and means that he/she cannot walk or is virtually unable to walk, due to:

.....
.....

is without use of both arms, due to:

.....
.....

has the following learning disability:

.....
.....

- the learning disability would significantly reduce the ability to understand new or complex information, to learn new skill.
- the learning disability would reduce the ability to cope independently.
- the age of onset of the learning disability started before adulthood, with a lasting effect on development.

has the following medical condition which would prevent them from obtaining or holding a UK driving licence

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Anticipated duration of disability

- The applicant's disability is permanent
- Temporary (greater than 12 months but not permanent)
- Temporary (less than 12 months)
Please specify expected term of illness: months

Companion bus pass

Can the applicant only use public transport with the assistance of a companion?

- Yes
- No

If Yes please provide details of the disability and why the applicant requires a companion in order to use public transport.

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Signed.....Date.....

What to do now

To email:

Scan your completed form to: bus.passes@bristol.gov.uk

To post:

Send your completed form to:
Concessionary Travel (CH), PO Box 3399, Bristol BS1 9NE

We will aim to process your application within 5 working days of receiving all evidence.
In some circumstances this will be delayed if we need to contact you or your medical professional.