

Disabled Adult Bus Pass Application



Who is eligible?

If you have an eligible disability that is long term or expected to last at least 12 months and resident in Bristol complete this form to apply for a concessionary bus pass.

Eligible disabled people are those specified in section 146 of the Transport Act 2000, as listed on the form below.

Your details

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

Proof of address

We need to see a copy of official proof that you live within the Bristol City Council Boundary.

This could be an official document with your current address, such as a bank statement, utility bill, council tax bill, valid photo driving licence, current TV licence or DWP award letter.

If you are liable for council tax or registered to vote in Bristol, with your permission we can confirm your address for you:

- ☐ Please tick this box if you agree for us to check your council tax or electoral register in order to gain proof that you live in Bristol.

Proof of disability

We need to see a copy of evidence that you are disabled.

Please select your disability:

- ☐ you are blind or partially sighted
- ☐ you are profoundly or severely deaf
- ☐ you are without speech
- ☐ you are without arms or have a long-term loss of the use of both arms
- ☐ you have a learning disability
- ☐ you have a disability or suffered an injury, which has a substantial and long-term adverse effect on your ability to walk
- ☐ you are medically unfit to drive
- ☐ you are in receipt of the war pensioners mobility supplement

Photo of yourself

You will need to supply a recent colour, passport sized photograph, or digital photograph.

Your photo must:

- measure a standard passport size of 45 mm high by 35mm wide
- be taken within the last month
- be taken against a plain cream or light grey background
- be a close-up of your full head and upper shoulders

Attach
photograph here
if posting your
application

In your photo, you must:

- be facing forward and looking straight at the camera
- have a neutral expression and your mouth closed
- have your eyes open, visible and free from reflection or glare from glasses
- not have hair in front of your eyes
- not have a head covering (unless it's for religious or medical reasons)
- not have anything covering your face
- not have any 'red eye'
- not have any shadows on your face or behind you

You can't wear sunglasses or tinted glasses. You can wear reading glasses but your eyes must show fully through clear lenses without glare or reflections.

Please tick the evidence you will be providing

- ☐ DWP letter awarding the higher rate of mobility for Disability Living Allowance
- ☐ DWP letter awarding Personal independence Payment (PIP) with a score of at least 8 points for “Moving around”
- ☐ DWP letter awarding Personal independence Payment (PIP) with a score of at least 8 points for “Communicating verbally”
- ☐ A certificate of vision impairment signed by a consultant ophthalmologist
- ☐ A current letter from the DVLA, refusing or revoking your licence and stating the medical reason why.
- ☐ Medical professional evidence – see appendix A

Companion bus pass

Do you need someone to travel with you on public transport (this is called a Companion)?

- ☐ Yes
- ☐ No

In order to be issued a companion card you must be either in receipt of:

- ☐ The higher rate of mobility for Disability Living Allowance, or
 - ☐ Personal independence Payment (PIP) with a score of at least 8 points for “Moving around”, and/or
 - ☐ Personal independence Payment (PIP) with a score of at least 8 points for “Communicating verbally”
- Or**
- ☐ Provide evidence from a medical practitioner to confirm that you are unable to travel alone on a bus for medical reasons. – see appendix A

Sharing information with others

If there is someone else helping you with your application (such as a friend, relative, or support worker) and you are happy for them to deal with us on your behalf, please provide their name and contact details:

I give my permission for Bristol City Council to share information about my disabled bus pass application with:

Their name:

Their connection with you:

Their telephone/email details:

Privacy statement: what we do with your personal data

In order for Bristol City Council to process your concessionary travel application we will need to collect and hold some of your personal details, including your name, address, date of birth, and for some types of travel passes- details of medical conditions.

This information will never be used for any purpose other than to validate your application, produce your concessionary travel card, renew it or respond to any queries you may have.

See www.bristol.gov.uk/about-our-website/privacy-and-processing-notice-for-resource-services for full details of how your data will be held and used.

Bristol City Council is required by law to protect the public funds it administers. It may share information provided to it with other bodies responsible for auditing, administering public funds, or where undertaking a public function, in order to prevent and detect fraud. For more information visit www.bristol.gov.uk/data-protection-foi/fraud-prevention-and-detection.

Declaration

I declare that all the information I have provided is correct. I will notify the Council of any change in my circumstances that may affect my application and understand that the Council may write to my medical professional for further information required to ascertain my eligibility for the scheme.

Please note that Bristol City Council cannot reimburse any fee you are charged in the course of obtaining medical evidence.

Signed:

Date:

What to do now

To email:

Scan your completed form and send it along with your photograph, proof of your address and evidence to: bus.passes@bristol.gov.uk

To post:

Send your completed form along with your photograph, and a copy to show proof of your address and evidence 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.

Please send clear photocopies of evidence only, do not send us original documents.

If you need help with this form or English is not your first language and you need a translation or you would like this form in a different format, for example braille, audio, large print, easy English, BSL video or plain text please call 0117 922 2600 or email bus.passes@bristol.gov.uk

Appendix A – Only required if you have not provided evidence to support your application.

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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Has an injury / disability as detailed below:

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Your
Official
Stamp

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:

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- ☐ is without use of both arms, due to:

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☐ has the following learning disability:

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- ☐ 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.....