

# Companion Appendix



If you are already in receipt of a standard travelcard, use this form to apply to have your card changed to a companion travelcard.

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

Companion bus pass
<p>Do you need someone to travel with you on public transport (this is called a Companion)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>In order to be issued a companion card you must be either in receipt of:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> The higher rate of mobility for Disability Living Allowance, or</li><li><input type="checkbox"/> Personal independence Payment (PIP) with a score of at least 8 points for "Moving around", and/or</li><li><input type="checkbox"/> Personal independence Payment (PIP) with a score of at least 8 points for "Communicating verbally"</li></ul> <p><b>Or</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Provide evidence from a medical practitioner to confirm that you are unable to travel alone on a bus for medical reasons. – see appendix A</li></ul>

Declaration			
<p>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.</p>			
Signed:		Date:	

## What to do now

To email:

Scan your completed form and send it along with your evidence to:  
[bus.passes@bristol.gov.uk](mailto:bus.passes@bristol.gov.uk)

To post:

Send your completed form along with your evidence to:  
Travel Card Office (100 Temple St),  
Bristol City Council, 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](mailto: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).

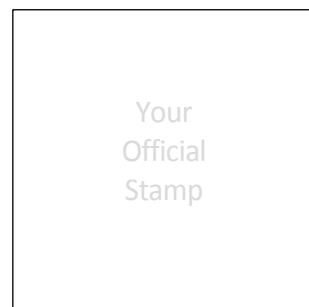
Name of health professional .....

Job title .....

Address .....

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.....