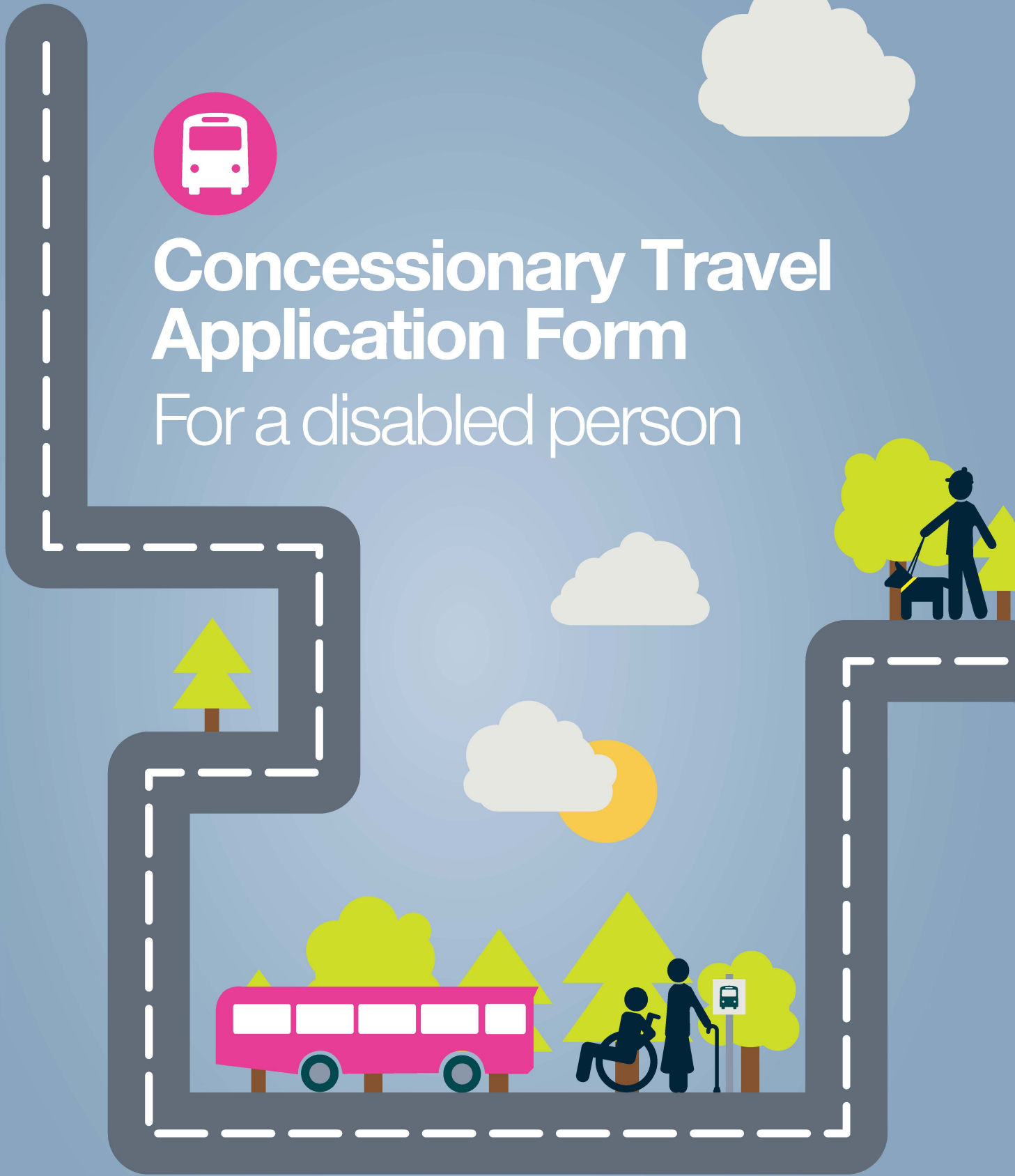




Concessionary Travel Application Form

For a disabled person



Am I eligible?

In order to claim the national concession, you must be of fare paying age (5 and above), and have a disability that is permanent; or which has lasted at least 12 months; or which is likely to last 12 months or to recur. This disability should have a substantial effect on your ability to carry out normal day-to-day activities.

How to apply

If you decide to apply for an English National Concessionary Travel Scheme (ENCTS) bus pass, you will need to provide:

- A completed application form
- Proof of residence (page 4) (a)
- Proof of identity (page 4) (b)
- Proof of eligibility for the category you are applying under (page 4) (c)

You can either:

- a) Take the items above to the Customer Service Centre at the Town Hall, and have your photograph taken, or;
- b) Post your application form and **copies** of your proof to the address below. You will be contacted to attend the Town Hall for your photograph to be taken should your application be successful.



Concessionary Travel Team, Darlington Borough Council,
Feethams, Darlington, DL1 5QT

What does my bus pass entitle me to?

Eligible people, who live within Darlington are entitled to an ENCTS bus pass that enables them to travel for free on local bus services anywhere in England from 09:30am to 11:00pm, Monday to Friday, and all day at weekends and bank holidays.



Your details

(If completing this form for someone else please provide their details in the appropriate sections and sign the form on page 14)

Title Mr Mrs Miss Ms Other

Surname

Forename

Telephone

Mobile

Email

Gender Male Female

Date of Birth / /
D D M M Y Y Y Y

Address

Postcode

NI Number

Is this your permanent address?

Do you live at this address for more than 6 months of the year?

Yes No

How would you like to be contacted?

Telephone Large text Braille

Letter

Email



Proof of eligibility

a) Proof of residence

Please provide a copy of **ONE** of the following as proof that you live in Darlington dated within the last 6 months (do not post originals as we will not return them).

- A letter from the Department for Work and Pensions (DWP)
- Current domestic Council Tax bill
- Current TV licence
- Recent utility bill
(eg gas, electricity, water rates)

and

b) Proof of identity

Please provide a copy of **ONE** of these documents to confirm your identity (do not post originals as we will not return them).

- Valid driving licence
- Birth or adoption certificate
- Valid passport or European Union identity card
(mandatory for Non-British nationals)

and

c) Confirmation of category

In order to receive an ENCTS bus pass you must prove eligibility under **ONE** of the following categories. Please provide the information for the relevant category and then please sign the declaration on page 14 (or go to page 13 if you are unable to travel without a companion, then please sign the declaration on page 14).

Category

Disability		Page
I am registered blind or partially sighted	A →	5
I am profoundly or severely deaf	B →	6
I am without speech	C →	6
I have a walking disability	D →	7,8
I do not have the use of my arms	E →	9
I have a significant learning disability	F →	10
I am unable to drive due to a medical condition	G →	11,12



CATEGORY A - I am registered blind or partially sighted

Please note: A large print application form is available by calling 01325 405222 or from the Customer Service Centre in the Town Hall.

For registration purposes, the term 'blind' now becomes 'severely sight impaired (blind)' and partially sighted becomes 'sight impaired (partially sighted).'

The formal notification required to register as 'severely sight impaired' or 'sight impaired' is a Certificate of Vision Impairment (CVI), signed by a Consultant Ophthalmologist (eye specialist).

Advice on how to register can be found on the Royal National Institute of Blind People (RNIB) website at www.rnib.org.uk

Evidence

Are you registered with Darlington Borough Council as being severely sight impaired (blind) or sight impaired (partially sighted) under the National Assistance Act 1948?

Yes

Registration Card Number

If you are not registered, please provide evidence from an eye specialist that you would qualify to be registered.



CATEGORY B - I am profoundly or severely deaf

People are generally regarded as having a severe hearing loss if it reaches 70-95 dB HL and a profound hearing loss if it reaches 95+ dB HL, in both ears.

Evidence

Are you registered with Darlington Borough Council as being profoundly or severely deaf? Yes

Pink Registration Card Number

If you are not registered, please provide an audiological report, or a report from an aural specialist indicating that your hearing loss has reached 70-95 dB HL in both ears.

CATEGORY C - I am without speech

People who are unable to communicate orally in any language. This includes people who are unable to make clear basic oral requests (eg to ask for a particular destination or fare) or ask specific questions to clarify instructions (eg “does this bus go to the town centre?”).

This does not include persons whose speech may be slow or difficult to understand because of, for example, a stammer, or persons for whom English is not their first language.

Evidence

Are you in receipt of Personal Independence Payment (PIP), with a score of 8 points or more for the “Communicating verbally” activity? Yes

Please provide a copy of your award letter from the Department of Work and Pensions (DWP).

If you are not in receipt of PIP please provide evidence from a health care professional confirming that you are without speech.



CATEGORY D - I have a disability, or have suffered an injury, which has a substantial or long-term effect on my ability to walk

People who have a long-term or substantial disability that means they can't walk or which makes walking difficult.

Evidence

Are you in receipt of any of the following?

Please tick **ONE**

- Blue Badge issued by Darlington Borough Council
- Higher Rate Mobility Component of the Disability Living Allowance (HRMCDLA)
- War Pensioner's Mobility Supplement (WPMS) or Armed Forces Compensation Scheme Tarrifs 1-8 (AFCS)
- Personal Independence Payment (PIP), with a score of 8 points or more for the "Moving around" activity

If you have ticked yes for one of the above, please provide the date of award below:

Start date / /
D D M M Y Y Y Y

Until / /
D D M M Y Y Y Y

or indefinite (tick box) or for life (tick box)

Please provide a copy of your most recent benefit award letter (dated within the last 12 months). If your award has not been made within the last 12 months, please provide your most recent DLA uprating letter. Alternatively, contact the DLA to request proof of your award.

If you are not in receipt of any of the above benefit awards, please continue to page 8.



 **Evidence**

Please describe how your walking ability is permanently and substantially impaired to the extent that you are unable to walk more than 64 metres without severe discomfort. Health and Social Care (Adults' and Children's) will be contacted to verify that your disability meets the national criteria. You may be contacted by an Occupational Therapist to arrange an assessment of your walking ability.



CATEGORY E - I do not have arms or have long-term loss of the use of both arms

Persons who have a long-term inability to use both arms (which will last more than 12 months). This includes people with a limb reduction deficiency of both arms; bilateral upper limb amputation; muscular dystrophy; spinal cord injury; motor neurone disease; or a condition of comparable severity.

Evidence

Are you in receipt of any of the following?

Please tick **ONE**

- Blue Badge issued by Darlington Borough Council
- Higher Rate Mobility Component of the Disability Living Allowance (HRMCDLA)
- War Pensioner's Mobility Supplement (WPMS) or Armed Forces Compensation Scheme Tarrifs 1-8 (AFCS)
- Personal Independence Payment (PIP), with a score of 8 points or more for the "Moving around" activity

If you have ticked yes for one of the above, please provide the date of award below:

Start date / /
D D M M Y Y Y Y

Until / /
D D M M Y Y Y Y

or indefinite (tick box) or for life (tick box)

Please provide a copy of your most recent benefit award letter (dated within the last 12 months). If your award has not been made within the last 12 months, please provide your most recent DLA uprating letter. Alternatively, contact the DLA to request proof of your award.

If you are not in receipt of any of the above benefit awards, please provide recent evidence from a health care professional, confirming that you do not have the use of your arms.



CATEGORY F - I have a significant learning disability

A significant learning disability is a state of arrested or incomplete development of mind, which includes significant impairment of intelligence and social functioning.

The person will have a reduced ability to understand new or complex information, a difficulty in learning new skills, and may not be able to cope independently. These disabilities must have started before adulthood and have a lasting effect on development.

Evidence

Do you have a significant learning disability?

Yes

Health and Social Care (Adults' and Children's) will be contacted to verify that your disability meets the national criteria as above.



CATEGORY G - I am unable to drive due to a medical condition

Persons who on medical grounds have been, or would be refused a driving licence, or have had their licence revoked are entitled to concessionary travel.

Please refer to the Driver and Vehicle Licensing Agency (DVLA) website for further information www.dvla.gov.uk

Persons who persistently misuse or abuse drugs or alcohol are not covered under this scheme and are not entitled to concessionary travel.

Evidence

Please select the relevant medical condition that prevents you holding a driving licence. Please tick appropriate box(es).

- Epilepsy** (unless it is a type that does not pose a danger)
- Severe mental disorder** (including dementia, behaviour and personality disorders)
- Liability to sudden attacks of giddiness and fainting**
- Other disabilities** (another disability which is likely to cause the driving of a vehicle to be a source of danger to the public eg restricted visual fields, cardiac locomotor, renal or neurological disorder)

Have you previously held a driving licence or had it withdrawn for medical reasons?

Yes **No**

If yes, when can you reapply? / /

D D / M M / Y Y Y Y

You must provide a copy of the letter from the DVLA confirming your licence has been refused or revoked.

If you can't provide a copy of a DVLA letter, please continue to page 12.



 **Evidence**

Please give details of the condition/s which would render you ineligible for a driving licence, should you apply for one. Health and Social Care (Adults' and Children's) will be contacted to verify that your disability meets the national criteria.

Alternatively, if you have not had previous contact with Health and Social Care, please ask your health care professional to complete Part 2 of the enclosed 'HCP Form.' (It is the responsibility of your health care professional to return the completed form to the Concessionary Travel Team).

Please tick if you will be sending the HCP Form to your health care professional.

You will still need to complete this application form and return it to us.



Concessionary Bus Passes – Health Care Professional Form**(HCP Form)**

“Unable to drive on medical grounds”

*A Health Care Professional could be a Consultant, Psychiatrist, Mental Health Social Worker,
Care Co-ordinator, GP, Nurse*

Part 1: To be filled in by the applicant

Title: Mr/Mrs/Miss/Ms *Delete as appropriate	Address:	
First Name:		
Surname:		
Date of Birth:		Post Code:
Email:	Telephone No:	
<u>Declaration of authority</u> I authorise the health care professional named below to disclose medical information relating to my ability to hold a driving licence.		
Signature of applicant:	Date:	
Signed on behalf of applicant: (if unable to complete the form independently)	Relationship to applicant and authority to sign on their behalf:	

Please note your health care professional may charge for completion of the form.

If your GP is completing the form an appointment is not required, you can either post the form to your practice, or drop it off at reception.

Part 2: To be filled in by the Health Care Professional

Dear Health Care Professional

The person named above (“the applicant”) is applying to Darlington Borough Council for a Disabled Person’s Bus Pass on the basis that they would **be refused a driving licence on medical grounds**. The qualifying criteria states:

“would, if he applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, have his application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the ground of persistent misuse of drugs or alcohol”.

It is up to the customer to demonstrate that they qualify for a bus pass, and we have provided this form to help them obtain information about their eligibility under this criteria. However, any costs will be borne by the customer.

If you are able to complete the form overleaf on behalf of the customer then we would be very grateful.

They need not have ever applied for a driving licence. However, if they do currently hold a driving licence then they would not be eligible for a bus pass.

Part 2a: Medical grounds for refusal of a driving licence

Please initial in the box to indicate which of the following applies to the applicant

	Has had an epileptic attack whilst awake within the last year that affected their consciousness, attention and ability to control a vehicle
	Has a history of epileptic attacks whilst asleep and has had one whilst awake within the last three years
	Severe mental disorder which would preclude them from holding a driving licence
	Liable to sudden attacks of giddiness or fainting
	Unable to read a registration plate in good light at 20.5 meters (with lenses if worn)
	Has restricted visual fields
	Dependent on insulin and their experience of hypoglycaemia would currently prevent them from holding a driving licence
	Another disability (not listed above) which is likely to cause driving a vehicle by them to be a danger to the public. Please state what:
	Advised not to drive due to the effects of medication but would not be refused a driving licence
	Currently holds a driving licence (provisional or full) and has not been advised to surrender their licence
	None of the above apply to the applicant

Part 2b: Duration of disability

Please initial in the box to indicate which of the following applies to the applicant

	Less than 12 months e.g. recovery from surgery
	The applicant may be eligible to apply/reapply for a driving licence after 12 months
	The applicant may be eligible to apply/reapply for a driving licence in the longer term
	The applicant is unlikely to ever be eligible to hold a driving licence on medical grounds

Part 2c: Declaration

I confirm that the information provided in parts 2a and 2b above is current and correct

Signature of Health Care Professional:	Date:
Contact Telephone Number:	Official Stamp:
Name and Position:	

Returning the form

The form should be sent directly to the Concessionary Travel Team by the **health care professional completing Part 2**. Please mark it **CONFIDENTIAL**.

Please send the form to us at:
 Concessionary Travel Team
 Darlington Borough Council
 Feethams
 Darlington
 DL1 5QT
 concessionarytravel@darlington.gov.uk

Companion pass

Application for a companion pass

People who due to a disability are unable to travel on public transport without the aid of a companion for the duration of the journey, are eligible for a concessionary bus pass with a companion entitlement. Your bus pass will show '+C' in the top right hand corner to denote this entitlement.

Companions are entitled to travel for free with the passholder in Darlington, County Durham, Northumberland and Tyne and Wear. Please note:

- a) your companion is not entitled to travel for free in Middlesbrough, Stockton, Hartlepool or Redcar and Cleveland.
- b) you are not required to have a companion travelling with you for every journey.

Evidence

Please provide details as to why you require a companion to travel with you.

In order to determine if you are eligible, Health and Social Care (Adult's and Children's) will be contacted to verify that your disability meets the assessment criteria for a companion bus pass. You may be contacted by an Occupational Therapist to arrange an assessment.



Signed declaration

Declaration (to be completed by all applicants)

I declare, to the best of my knowledge that all the information I have provided is correct. I understand that:

- a) I must promptly inform Darlington Borough Council of any changes that may affect my entitlement to an ENCTS bus pass.
- b) I am responsible for any costs incurred in posting this application or obtaining medical information.

Information provided may also be made available to Health and Social Care (Adults' and Children's) for the benefit of the applicant. Please be aware that journeys using your ENCTS bus pass are recorded for monitoring purposes.

We (the Council) have a statutory duty to protect the public funds that we administer. In order to do this, we may need to use the information that you provide to assist in the prevention and detection of fraud and we may also need to share the information with other organisations that handle public funds. Our data protection notification lists the people or organisations with whom your information may be shared. In any event, your information will only be handled in accordance with the principles of the **Data Protection Act 2018**.

For further information, please contact the **Complaints and Information Governance Team** or Audit Services section on **01325 406777** or dataprotection@darlington.gov.uk or refer to the data protection page of our website at www.darlington.gov.uk/dataprotection

Signature of Applicant

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y	Y	Y

Printed name

or

*Signature
(completed on behalf
of the applicant by)

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y	Y	Y

Printed Name

*(eg power of attorney/agent)



What happens next?

1. Once your application has been approved, you will be contacted by your preferred method, and you will be asked to attend the Customer Service Centre at the Town Hall to have your photograph taken, if it has not been taken already
2. Your ENCTS bus pass will be ordered from a centrally approved bureau
3. Your new bus pass will be posted direct to your home address as provided on page 3
4. Please allow approximately 10 working days to receive your ENCTS bus pass
5. If your application is unsuccessful you will be contacted by your preferred method

What if I want to appeal?

If your application has been unsuccessful you cannot re-apply for 12 months, unless your circumstances change.

If you are not happy with the decision you may wish to contact the **Complaints and Information Governance Team** by calling **01325 406777**, completing the online form at **www.darlington.gov.uk/complaints** or by writing to **Complaints and Information Governance Team, Darlington Borough Council, Town Hall, Darlington, DL1 5QT.**

Lost or stolen passes

If you think you have lost your pass whilst using public transport, please contact the appropriate bus operator. Call **Traveline on 0871 200 22 33** if you are unsure which operator's service you were on.

If the operator has not found your pass, you will need to contact our **Customer Service Centre on 01325 405222** and request that a replacement pass is sent out to you. Please note, there is an administrative charge of £10 for the replacement pass unless you can provide us with a police crime reference number.



