

# Concessionary Travel for Companions/Carers of people with Disabilities Application Form

## Applicant's Details

Full Name

Address

Telephone Number

## Eligibility

**EVIDENCE WILL BE REQUIRED AT THE POINT OF ISSUE. (SEE OVERLEAF FOR DETAILS) ALL INFORMATION PROVIDED IN RESPECT OF THIS APPLICATION IS CONFIDENTIAL AND NO ONE OUTSIDE THE COUNCIL WILL BE GIVEN ACCESS TO IT WITHOUT YOUR PERMISSION. WE DO HOWEVER RESERVE THE RIGHT TO VERIFY APPLICATIONS.**

## Doctors' Statements

It is the applicants responsibility to check that their doctor is prepared to sign a statement. Some doctors may make a charge for this. Wychavon District Council does not refund the applicant in these circumstances.

## Declaration

Please sign this declaration or have someone sign it on your behalf.

**I certify that all the information given on this form is correct, that I am not already registered with the Council's Concessionary Travel Scheme, and that I am eligible to apply for the concessions offered to me by the Council under the criteria detailed.**

**If my circumstances change so as to make me no longer eligible for the Scheme I will inform the Council immediately.**

Signed

Date

## Companions/Carers

Specified companions can apply for concessions, if an eligible concession holder is not able to travel safely without the assistance of a companion. The companion must be issued with the same type of concession as the person that they are assisting.

### Name and address of person who is to be accompanied

Applicants must be able to produce proof of receipt of a carers allowance for the specified person OR their application must be supported by a signed statement by a doctor or trained nurse.

## Doctor / Trained Nurse

The above named concession holder is not safe to travel without the assistance of a designated companion and as such the applicant is entitled to concessions under this scheme.

I the undersigned certify that, having read the above information.

Official Stamp

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

Print Name .....

Surgery .....

## For Further Information

### Contact us at:

Civic Centre, Queen Elizabeth Drive, Pershore, Worcs. WR10 IPT

Tel: 01386 565416 Fax: 01386 561091

Droitwich Community Contact Centre, 44 High Street, Droitwich Spa, Worcs. WR9 8ES

Tel: 01905 794272 Fax: 01905 794245

Evesham Community Contact Centre, Abbey Road, Evesham, Worcs. WR11 4SB

Tel: 01386 443322 Fax: 01386 765915

### or go online...

Click on our website: [www.wychavon.gov.uk](http://www.wychavon.gov.uk) or send us an email: [service@wychavon.gov.uk](mailto:service@wychavon.gov.uk)

## For office use only

ID Checked? (Showing proof of address and signature)

Birth Cert

NI

Driving Licence

Passport

Blue

Card

Pension Book

Other (please detail)

Evidence Checked? (Showing proof of eligibility) Yes

### Concessions Received

Applicant's signature

Date

Issuer's signature

Bus Pass

Tokens

