

Concessionary Travel for People with Disabilities Application Form

Applicant's Details

Full Name

Address

Telephone Number

Eligibility

Please read the following information carefully and clearly show which category applies to you by ticking ✓ the box . Evidence will be required at the point of issue and types of evidence required for each category is detailed below.

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

If signing on behalf of the applicant please state your name, address, and relationship to the applicant.

A, 'blind or partially sighted'

This category covers those with a high degree of vision loss, but only those whose sight is so impaired that they would be able to register as blind or partially sighted.

Proof of registration with WCC social services or medical evidence that they are registerable on the blind and partially sighted register from an eye specialist (optometrist) is required.

B, 'profoundly and severely deaf'

This category only applies to those persons who suffer a profound or severe loss of hearing.

Proof of registration with WCC social services or medical evidence that they are registerable from an aural specialist is required.

C, 'without speech'

This category includes only those people who are unable to communicate orally in any language, but does not include those whose speech may be slow or difficult to understand because, for example, of a severe stammer.

Applications under this category must be supported by medical evidence from a suitable specialist.

D, 'has a disability, or has suffered an injury, which has a substantial and long-term adverse effect on the applicant's ability to walk'

This category covers those persons whose disability effects their ability to walk.

Applicants in this category will be able to produce the following documentary evidence of eligibility:

- Higher rate mobility component of the Disability Living Allowance (DLA);
- War Pensioner's mobility supplement;
- Higher rate Attendance Allowance
- Severe Disablement Allowance

OR

Applicants will need to provide medical evidence to support their claim that their walking ability is permanently and substantially impaired. This must be in the form of a signed statement from the applicant's doctor and in assessing the applicant the following must be considered:

- Whether the applicant cannot walk for distances up to 100m without stopping, severe discomfort or help from another person; or
- Whether a mobility aid, such as a wheelchair, crutches or walking frame is used. The degree of disability must not fall far short of that required to qualify for the higher rate mobility component of the DLA.

Doctor's Statement

I the undersigned certify that, having read the above information, the applicant's physical disability is such that it entitles them to concessions under this scheme.

Signed

Date

Print Name

Surgery

Official Stamp

E, 'does not have arms or has long term loss of the use of both arms'

This category includes upper limb double amputees and those with congenital absence of both arms. This covers those with deformity of both arms and those who have both arms but cannot use them to carry out day to day tasks.

Medical evidence, in the form of a Doctor's statement, must be provided as proof of eligibility under this category.

Doctor's Statement

I the undersigned certify that, having read the above information, the applicant's physical disability is such that it entitles them to concessions under this scheme. Official Stamp

Signed Date

Print Name

Surgery

F, 'has a learning disability, that is, a state of arrest or incomplete development of mind which includes significant impairment of intelligence and social functioning'

Applicants in this category will have a learning disability, which reduces their ability to understand new or complex information, a difficulty learning new skills and may be unable to cope independently. This disability must have started before adulthood and have a lasting effect on development. The person should be able to qualify for specialist services and may have had special educational provision.

The applicant's Doctor, trained Nurse or Social Worker must support applications under this category with a signed statement.

Doctor / Trained Nurse / Social Worker's Statement

I the undersigned certify that, having read the above information, the applicant's physical disability is such that it entitles them to concessions under this scheme. Official Stamp

Signed Date

Print Name

Surgery / Social Services Department
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G, 'has had driving licence refused or revoked on the grounds of physical fitness, other than on the grounds of drugs or alcohol misuse'

This category applies to those who have had their driving licenses refused or revoked on the following grounds;

- Epilepsy, unless it is the type that does not pose a danger;
- Severe mental disorder;
- Liability to sudden attacks of giddiness or fainting;
- Inability to read a registration plate in good light at 20.5 meters, with lenses if worn;
- Other disabilities which are likely to result in danger to others if they drive a vehicle.

Evidence, such as the letter of refusal, is required.

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 or send us an email: 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