

Application Form for Concessionary Bus Pass



Please complete **all sections** in BLOCK CAPITALS

Title:	Forename:			
Middle Name:		Surname:		
Date of Birth:	N.I. No. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>			
Address:				
Postcode:				
Preferred Phone Number:				
Email:				

Please tell us which category you are applying under (**tick one only**).

A. <input type="checkbox"/>	Blind/partially sighted	E. <input type="checkbox"/>	Without the use of both arms
B. <input type="checkbox"/>	Profoundly/severely deaf	F. <input type="checkbox"/>	Learning disability
C. <input type="checkbox"/>	Without speech	G. <input type="checkbox"/>	Driving licence refusal (medical grounds)
D. <input type="checkbox"/>	Severe mobility problems	H. <input type="checkbox"/>	Eligible Age

You MUST submit the following proof. Copies only please.

For Category A, B, C, D, E, F or G	For Category H
<input type="checkbox"/> 1 x Passport Style Photograph	<input type="checkbox"/> 1 x Proof of Address
<input type="checkbox"/> 1 x Proof of Address	<input type="checkbox"/> 1 x Proof of Age
<input type="checkbox"/> 1 x Proof of Disability	<input type="checkbox"/> 1 x Passport Style Photograph

Please email your completed form and proof to concessionaryfares@cornwall.gov.uk OR post it to Concessionary Fares, PO Box 769, TRURO, TR1 9JQ.

The Data Controller for information provided on this form is Cornwall Council. It's Data Protection Registration Number is Z1745294.

The details you provide will be used primarily with your claim for Concessionary Bus Pass; however we may share the data for the prevention and detection of fraud with departments and organisations responsible for auditing or administering public funds - such as Council Tax. For further information please see www.cornwall.gov.uk/nfi.

In accordance with the Council's Record Retention Policy, the information you provide will be retained in a secure environment for a maximum of five years, after which it will be destroyed in a secure manner. More information can be found on our website: <http://www.cornwall.gov.uk/council-and-democracy/data-protection-and-freedom-of-information/data-protection/how-we-use-your-information/>

If you want to exercise any rights relating to the way we deal with your data you should contact the Data Protection Officer dpo@cornwall.gov.uk

I confirm I am the applicant or his/her authorised representative. I agree to abide by the terms and conditions of the English National Concessionary Travel Scheme.

Signed:	Date:
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Name:

Date of birth:

Medical Professional or Social Worker Validation

The applicant is unable to provide documented evidence and is seeking your support to confirm eligibility for a bus pass. **Please complete Section A and then the relevant section B or C. Thank you.**

A: Declaration

Official Stamp or Organisation

Print Name:

Designation

Signature

Date

I confirm that the applicant named above has the following condition:

I confirm that this condition is permanent and is expected to last (or has already lasted for at least 12 months). It has a substantial effect on a person's ability to carry out normal day to day activities.

B: Must be completed by your Social Worker only

I confirm the applicant (please tick relevant box)

has a state of arrested or incomplete development of mind, including significant impairment of intelligence and social function that has a substantial affect on their ability to carry out normal day to day activities.

has a reduced ability to understand new or complex information, including difficulty to learn new skills or coping independently. This condition started before they became an adult and has a substantial affect on their ability to carry out normal day to day activities.

is eligible to register as blind or partially sighted

is eligible to register as profoundly or severely deaf

C: Must be completed by your Medical Professional only

I confirm the applicant (please tick relevant box)

has a state of arrested or incomplete development of mind, including significant impairment of intelligence and social function that has a substantial affect on their ability to carry out normal day to day activities.

has a reduced ability to understand new or complex information, including difficulty to learn new skills or coping independently. This condition started before they became an adult and has a substantial affect on their ability to carry out normal day to day activities.

is eligible to register as blind or partially sighted

is eligible to register as profoundly or severely deaf

is without speech, in any language

cannot walk up to 100m without stopping OR have severe discomfort whilst walking OR need assistance from another person. (Regardless of if they use a mobility aid)

has long term loss of the use of both arms

would be refused a licence to drive (except on the grounds of persistent misuse of drugs and alcohol)