

## Application form for a Disabled Persons Free Travel Bus Pass

Use this form to apply for a Free Travel Bus Pass if you have an eligible Disability – new applicants only.

- DO NOT use this form if you require an Age-Related Free Travel Bus Pass.
- DO NOT use this form for a lost/stolen Bus Pass. Please contact the Free Travel Bus Pass Information Line on 0345 600 0659 where you can order and pay for a replacement.
- DO NOT use this form to renew your current Bus Pass. You will be contacted prior to renewal if evidence of disability is required in order to obtain a new pass. If you have any queries regarding renewals, contact the Free Travel Bus Pass Information Line on 0345 600 0659.

### Am I eligible for a Bus Pass?

The eligibility criteria for a Disabled Bus Pass is shown in the table on page 2 of this form. All new applicants must provide the necessary proof as specified for their particular disability. If you are unable to provide relevant certification, please ensure that a Medical Professional fills in the section on the reverse of the application form. Your application may be refused unless the exact specified proof is presented, so please read carefully.

### When can I use my Bus Pass?

The Bus Pass enables free travel throughout England on weekdays (Monday to Friday) for any journey **starting** between 9.30am until 11pm. Pass holders can enjoy free travel throughout England all day on Saturdays & Sundays and Bank holidays. The Council regrets that it is not responsible for, and has no control over, any amendments or alterations of bus services and timetables. Passes remain the property of Suffolk County Council and a replacement fee of £10 will be incurred if spoilt or lost.\*

### Application Information

Please allow at least 10 working days for your application to be considered and if approved the pass to be issued. Please contact The Free Travel Bus Pass Information Line on 0345 600 0659 if you have not received your pass in this time.

This authority is unable to accept responsibility for any items mislaid in the post.

Lost or spoilt bus passes are subject to a replacement fee of £10.\* Should you lose your Pass or if it is stolen, please notify The Free Travel Bus Pass Information Line on 0345 600 0659 as soon as possible.

Please do not hesitate to contact The Free Travel Bus Pass Information Line on 0345 600 0659 if you have any queries regarding your bus pass, or need help with your application.

Pass Holders may be asked to produce confirmation of their disability at any time during the life of the pass. Suffolk County Council is unable to cover any costs incurred in getting any letters/proof required from the medical profession or other specified medical person to support your claim for a bus pass.

\* Replacement fee subject to change

## To Obtain a Bus Pass

Passes can only be applied for by post to: **SCC Free Travel Bus Pass, P.O. Box 212, Waterlooville, PO7 6ZN.**

Your application **MUST** include:

- the completed **original** application form
- one **copy** of a proof of address document from Table 1 (**do not send original documents**)
- one **copy** of a proof of Disability document from Table 2 (**do not send original documents**) **OR** the reverse section completed by a medical professional
- one passport style/sized colour photograph placed on the application form as indicated (**please print your name on the reverse**)

Table 1

Proof of Address Documents
VALID Driving licence
Recent utility bill
Most recent Council Tax bill
Proof of Pension entitlement, Bank statement & Medical card

Any proof of address must be recent (with the date clearly visible), and the address must be printed, not hand written.

Please **do not** send original proof documents. Send photocopies only, ensuring that the date of birth and address are printed and not hand written and can be clearly read. Suffolk County Council cannot accept any responsibility for items that are mislaid in the post.

**No documentation will be returned.**

Table 2

Summary of Eligible Disability & acceptable supporting documents <i>(please see enclosed guidance for full criteria).</i>		
<b>A</b>	Persons who are blind or partially sighted.	<ul style="list-style-type: none"> <li>• Proof of registration with Social Services.</li> <li>• If not on the Local Authority Register, evidence from an eye specialist, for example an optometrist, that you would qualify to be registered as severely sight impaired (blind) or sight impaired (partially sighted).</li> </ul>
<b>B</b>	Persons who are profoundly or severely deaf.	<ul style="list-style-type: none"> <li>• Proof of registration on a voluntary basis with Social Services.</li> <li>• Audiological report or a report from an aural specialist indicating that hearing loss has reached 70 – 95 dBHL.</li> </ul>
<b>C</b>	Persons who are without speech.	<ul style="list-style-type: none"> <li>• Letter from your G.P., Consultant, or Senior Practice Nurse confirming that you are Without Speech.</li> </ul>
<b>D</b>	Persons who have a disability or have suffered an injury, which has a substantial and long term adverse effect on their ability to walk.	<ul style="list-style-type: none"> <li>• In receipt of the Higher Rate Mobility Component of Disability Living Allowance for a minimum of 12 months.</li> <li>• Award of Personal Independence Payment (PIP) at 8 pts or more in the moving around activity.</li> <li>• In receipt of War Pensioners Mobility Supplement for a minimum of 12 months</li> <li>• Medical evidence that your walking ability is long term and substantially impaired</li> <li>• In receipt of a Disabled Persons Parking (Blue) Badge, valid for at least 6 months.</li> </ul>
<b>E</b>	Persons who do not have arms or have long term loss of use of both arms.	<ul style="list-style-type: none"> <li>• Letter from your G.P., Consultant, a Senior Practice Nurse or occupational therapist confirming your condition.</li> </ul>
<b>F</b>	Persons who have learning disabilities	<ul style="list-style-type: none"> <li>• Letter from your G.P., Consultant, or Senior Practice Nurse confirming that your learning disability meets the eligibility criteria.</li> <li>• Proof of registration with Social Services.</li> <li>• For children – a letter from the head teacher at a special school confirming eligibility as defined.</li> <li>• Award of Personal Independence Payment (PIP) at 8 pts or more in the communicating verbally activity.</li> </ul>
<b>G</b>	Persons who if applied, would have their application for a driving licence refused on the grounds of medical fitness	<ul style="list-style-type: none"> <li>• Letter from D.V.L.A. confirming the refusal/revocation of a driving licence for a minimum period of 12 months, or a letter from your G.P. or another suitable medical professional confirming that you are most likely to be refused a driving licence due to your medical condition. This does not include those excluded from holding a licence due to the persistent misuse of drugs and/or alcohol.</li> </ul>

**If you do not have any of the above proof of Disability documentation, the section on the reverse of the application form must be completed by a relevant medical professional.**



**Declaration by Medical Professional** - This page must only be completed by a Medical Professional

I can confirm that the **details overleaf** are correct and the applicant meets the required eligibility for a Disabled Bus Pass on the grounds that they: (Please tick one box only)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> are blind or partially sighted. <b>(A)</b>  | <input type="checkbox"/> have a disability or have suffered an injury, which has a substantial and long term adverse effect on their ability to walk. <b>(D)</b> | <input type="checkbox"/> have severe learning disabilities. <b>(F)</b>  |
| <input type="checkbox"/> are profoundly or severely deaf. <b>(B)</b> | <input type="checkbox"/> do not have arms or have long term loss of use of both arms. <b>(E)</b>   | <input type="checkbox"/> would have their application for a driving licence refused on the grounds of medical fitness. <b>(G)</b> |
| <input type="checkbox"/> are without speech. <b>(C)</b>              |  |   |

Description of Disability .....  
(Sight/audio scores if applicable)

For guidance, please indicate how long the disability limitations will last in relation to the eligibility category:

- 1 year  3 years  5 years  Life

Your Name and Medical Title .....

Contact Address .....

Telephone Number (land line): .....

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

Please refer any fees required by yourself to complete this form to the applicant. Should you require any further information regarding this form please contact The Free Travel Bus Pass Information Line on 0345 600 0659.  
**You may be contacted by the card issuer to verify these details.**

Official Surgery Stamp  
(Required)

**How we use your personal information**

For information about how Suffolk County Council (SCC) collects and uses personal data to provide and manage services please go to <https://www.suffolk.gov.uk/about/privacy-notice/>, or alternatively please contact the Concessionary travel team on 0345 600 0659.

SCC is required by law to protect the public funds it administers. To prevent and detect fraud it may share information provided to it with other bodies for these purposes and for; auditing or administering public funds. More information about how we collect and use personal data is available at <https://www.suffolk.gov.uk/about/privacy-notice/audit-data-matching-and-national-fraud-initiative-privacy-notice/>, or alternatively contact Internal Audit on 01473 265887.