



Disabled Bus Pass Application Form

Please complete all relevant sections of this application form and supply the appropriate documents to confirm your eligibility.

The local authority may refuse a bus pass if you do not provide adequate evidence to show that you meet eligibility criteria. You may be invited to take part in a Occupational Therapy assessment if we are unable to determine eligibility based on the information provided.

To receive a bus pass you must have a disability that is permanent, or that has lasted at least 12 months or likely to last at least 12 months.

Once you have completed this form please return it along with photocopies of any proofs required to:

ENCTS Service, Fountain Court
119 Grange Road
Middlesbrough, TS1 2DT
Email: concessionaryfares@middlesbrough.gov.uk

Section 1 – Information about the applicant.	
Title (Mr, Mrs, Miss, Ms, Other):	
First names (in full):	
Surname:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Identify in a different way <input type="checkbox"/>	Date of birth (DD/MM/YYYY):
National Insurance Number/ Child Registration Number:	
Current address and contact details: Postcode:	Home Tel: Mobile Tel: Email:
Do you currently hold a Blue Badge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is your badge number? (first 6 digits)	

Section 2 – Automatic Eligibility for a Disabled Bus Pass.

If you answer 'yes' to any of the questions in Section 2 then you are deemed as automatically eligible for a Disabled Bus Pass, provided you can provide the necessary proofs to support your application.

Do you receive the Higher Rate of the Mobility Component of Disability Living Allowance (DLA)? Yes No

If yes, please provide a copy of the full award letter you have received from DWP showing the expiry date of your award.

Are you in receipt of Personal Independence Payment (PIP) with a score of 8 points or more for the 'Moving Around' activity? Yes No

If yes, please provide a copy of your PIP award letter showing the points awarded along with the expiry date.

Are you in receipt of Personal Independence Payment (PIP) with a score of 8 points or more for the 'Communicating Verbally' activity? Yes No

If yes, please provide a copy of your PIP award letter showing the points awarded along with the expiry date.

Do you receive the War Pensioners' Mobility Supplement? Yes No

If yes, please provide a copy of the full award letter you have received from DWP.

If you have answered 'Yes' to any of the questions in this Section, then please ignore Section 3 and move to Section 4 – Companion Pass.

If you have answered 'No' to all of the questions in this Section above, then please continue to Section 3 – Eligible categories of Disability.

Section 3 – Eligible categories of Disability.

As you have answered 'no' to all the questions in Section 2, you must satisfy one of the 7 categories (A – G) below to be eligible for a Disabled Bus Pass.

If we are unable to make a decision based on the information and evidence you have provided, you may be invited to partake in a face to face assessment with an Expert Assessor or we may have to contact a professional involved in your support or care.

Those who misuse drugs or alcohol are not covered by the definition of 'disabled person' although you may still apply on the grounds of other medical conditions.

Category A – People who are severely sight impaired (blind) or partially sighted.

Do you have a Certificate of Visual Impairment (CVI) or BD8 form signed by a Consultant Ophthalmologist? Yes No

If yes, please provide a copy of the Certificate of Visual Impairment (CVI) or BD8 form with your application.

If you are unable to provide a CVI or BD8, which local authority are you registered with?

Do you give consent to us to check the local authority register of blind people to see whether your disability is already known to the council? Yes No

Category B – People who are profoundly or severely deaf.

Are you registered with Middlesbrough Council as being profoundly or severely deaf? Yes No

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 – People who are without speech.

Are you applying for a Disabled Bus Pass as you are a person without speech? Yes No

If you do not receive the required PIP scores highlighted in Section 2 above, then please provide us with evidence from a health care professional confirming that you are without speech.

Category D – People who have a disability, or have suffered an injury, which has a substantial and long-term effect on your ability to walk.

Please describe the nature of your disability and diagnosis that effects your ability to walk:

How long have you had these difficulties?

How long can you walk for without stopping?

(If you currently use a walking aid, then your answer should be the distance when using that aid)

- I can't walk at all
- Less than a minute
- Between 1 and 5 minutes
- Between 5 and 10 minutes
- More than 10 minutes

In this time, how far are you able to walk? You can answer this question with an approximate distance or by using familiar reference points e.g approx. 200 meters or from my home to the post box at the end of my street.

Please provide evidence confirming your diagnosis or injury, highlighting the impact that this has on your ability to walk. Evidence may include reports from a medical professional such as an Occupational Therapist, Physiotherapist, Consultant, GP report or another professional involved in your support or care.

Category E – People who do not have arms or have a long-term loss of the use of both arms.

Please describe the nature of your disability and diagnosis that effects your use of both arms:

Please provide evidence confirming your diagnosis, highlighting the impact that this has on your ability to use both arms. Evidence may include reports from a medical professional such as an Occupational Therapist, Physiotherapist, Consultant, GP report or another professional involved in your support or care.

Category F – People with a significant Learning Disability.

Please specify your diagnosis:

Please advise what specialist services you are currently involved with or were involved with?

Please provide contact details for this service and the name of the professional managing your care and support?

Category G – People unable to drive due to a medical condition.

Please select the relevant medical condition that prevents you holding a driving licence:

- Epilepsy
- Severe mental disorder including dementia
- Liability to sudden attacks of giddiness or fainting
- Other disabilities likely to cause the driving of a vehicle to be a source of danger to the public

Please note – this criteria does not apply to those who are refused a licence due to the persistent misuse of drugs and alcohol.

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

If no letter from the DVLA – **please provide evidence confirming your condition and the impact that this has on your ability to drive.** Evidence may include reports from a medical professional such or another professional involved in your support or care.

Section 4 – Companion Pass.

If you are eligible for a Bus Pass under Sections 2 or 3 above and you are also unable to travel on public transport without the aid of another 'companion' for the duration of the journey, then you may be eligible for a Bus Pass with a Companion entitlement. This will enable the Companion to travel for free with the bus pass holder in Middlesbrough and other authorities with the Tees Valley and North East.

Eligibility for a Companion Pass will need to be assessed against an eligibility criteria.

Would you like to apply for a Companion Pass? Yes No

If 'no', please move to Section 5 – Declaration and Consent.

Do you use a wheelchair or a wheeled walker to mobilise? Yes No

Do you need bulky medical equipment with you when you are out and about? Yes No

If yes, please advise what equipment you need:

Are you in receipt of Personal Independence Payment (PIP) mobility component with points awarded under the 'Planning a Journey' activity? Yes No

If yes, please provide a copy of your PIP award letter showing the points awarded.

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

Section 5 – Declaration and Consent.

Declaration

By sending this application you agree that:

- the details you have provided are complete and accurate
- the local authority may contact an accredited healthcare professional if they need further information in support of your application

Signature

Print name

Date

Data Protection and Information Sharing

All documents relating to this application will be dealt with by Middlesbrough Council in line with the General Data Protection Regulations (GDPR) 2016.

For more information as to how your information may be used, Middlesbrough Councils privacy statement is available online at www.middlesbrough.gov.uk or you can request a copy by contacting the team on 01642 726053.

Consent

I hereby give Middlesbrough Council my authority to request information from my GP or other professionals involved in my medical/health care and support in regards to my disabilities/conditions for the purposes of determining my eligibility for a bus pass.

I hereby give consent for professionals involved in my medical/health care and support to provide Middlesbrough Council with the information they require in regards to my bus pass application.

Signature

Print name

Date