

Cambridgeshire & Peterborough Combined Authority
St Marys Street, Huntingdon
PE29 3TN

date

name

Dear first name

Re: English National Concessionary Travel Scheme

I write in connection with your application for a bus pass.

In order to consider your request further you will need to provide further evidence of your disability. In the case of a physical disability listed on the form below or a condition that would lead you to be refused a driver's licence the form attached can be completed by a medical specialist such as a consultant, physiotherapist or other qualified person who is aware of your medical treatment or diagnosis. If you do not have a specialist you may ask your General Practitioner.

In the case of a learning disability we can also accept evidence from care professionals or social workers who are involved in your support. A diagnosis of Dyslexia on its own does not qualify under the scheme definition of a learning disability* A diagnosis of Autism Spectrum Disorder does not automatically qualify for a pass and must be supported by information to demonstrate that it meets the description*. Depending upon the individual effects, an application may be considered under the category of 'Would be refused a drivers' licence'.

People with a mental health related diagnosis should not normally apply under the category of learning disability unless this is associated with other factors, but they may qualify if they would be refused a drivers' licence.

Please note that you will have to meet any fees that may be charged yourself. **Do not return the form before making an application.**

Yours sincerely



Bess Sayers
Public Transport Business Manager
Cambridgeshire and Peterborough Combined Authority

Concessionary Travel Pass Disability Evidence Form

Application reference number		Do not return this form without making an application
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Part 1: To be filled in by applicant	
Family Name:	First Name:
Address:	
Postcode:	Date of Birth:
<u>Declaration of authority</u> I authorise the consultant named below to disclose medical information relating to my disability, in order that my suitability for a bus pass can be assessed.	
Signature of applicant:	Date:
Signed on behalf of applicant:	Print Name:
How your information may be used: Cambridgeshire and Peterborough Combined Authority works with Cambridgeshire County Council and other partners such as other authorities and the NHS to provide you with public services. To do this we may need to share your information. We will do this in a way that protects your privacy in accordance with the current Data Protection Act. The primary purpose of this form is to assess your eligibility for a pass. We are under a duty to protect public funds and may share the information that you have provided with other parties for the prevention and detection of fraud. We may also share this information with other bodies who are responsible for auditing or administering public funds. For further information about how your data will be stored go to: http://www.cambridgeshire.gov.uk/downloads/file/248/data_protection_policy FRAUDULENT APPLICATION FOR AND USE OF THE CONCESSIONARY PASS MAY RESULT IN PROSECUTION	

Part 2: Medical Grounds for application**ONLY TO BE COMPLETED BY A PROFESSIONAL**

Please **initial** in box to indicate which of the following apply to the applicant

The person named above ('the applicant') is applying to Cambridgeshire and Peterborough Combined Authority for a disabled person's bus pass and we have provided this form to assist them to obtain information about their eligibility

	Has a long term disability/injury preventing the ability to walk
	Is registered as profoundly or severely deaf
	Is sight impaired or severely sight impaired
	Is without speech or has limited speech
	Is without the use of both arms
	Has a learning disability that started in childhood*
	Would be refused a Driver's Licence were they apply for one (not related to substance misuse)
	None of the above apply to the applicant

Please explain how this affects the applicant:

Please include as much relevant detail as to how the applicant's condition qualifies them in your opinion under the category you have ticked. If the applicant would be refused a driver's licence please explain why e.g. dizziness or fainting, effects of medication, mental health diagnosis and how this would affect the decision.

Part 3: Duration of Disability**ONLY TO BE COMPLETED BY A PROFESSIONAL**

Please **initial** in box to indicate how long the applicant's condition is expected to last

I confirm that the information provided in parts 3 and 4 is current and correct

	12 months e.g. recovery from surgery (please note passes cannot be issued for less than 12 months)
	12 months to 24 months
	More than 24 months

Part 4: Declaration to be completed by the medical professional

I confirm that the information provided in parts 3 and 4 is current and correct

Signature of professional:	Date
Contact telephone number:	Practice Stamp or address and email address of employer:
email address:	
Name and position (please use capitals)	

*** Scheme definition of learning disability:** A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood'.

Incomplete forms will be rejected

You are advised to keep a copy of this form

Please mark the completed form as CONFIDENTIAL and send to us at:

Concessionary Travel

EAS2703

Cambridgeshire County Council

PO Box 761

HUNTINGDON

PE29 9QR