

# NATIONAL CONCESSIONARY TRAVEL SCHEME APPLICATION FORM

## CENTRAL BEDFORDSHIRE COUNCIL



(Please use block capitals and complete all relevant sections in full)

TITLE: Mr/Mrs/Miss/Ms ..... FIRST NAMES: .....

SURNAME: .....

ADDRESS: .....

.....

POSTCODE: .....

TELEPHONE NUMBER: .....

(this will only be used to contact you about your national travel permit and is very important)

DATE OF BIRTH: .....

E MAIL: .....

DATE OF APPLICATION:..... **Signature:** .....

<b>Confirmation of age and address:</b>	(birth certificate/driving licence/utility bill etc)
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You need to provide proof that you are a **permanent resident** of Central Bedfordshire and that you are either **State Retirement Age** (based on the retirement age of a **female**) or that you have a **qualifying disability**.

**PLEASE REFER TO THE CENTRAL BEDFORDSHIRE GUIDE TO THE NATIONAL CONCESSIONARY TRAVEL SCHEME FOR FULL DETAILS OF WHO QUALIFIES**

*In brief*, you qualify for a Concessionary Travel Pass if you meet the age requirement, **or**:

- You are profoundly or severely deaf
- You are blind or partially sighted
- You have permanently lost the use of both arms
- You have been (or would be) refused a driving licence on medical grounds
- You are without speech
- You have a significant learning disability
- Your ability to walk is severely and permanently impaired

You qualify automatically if you receive War Pensioner's Mobility Supplement or Higher Rate Mobility Component of the Disability Living Allowance.

You are required to provide documentary evidence of you age or condition (for example, social services registration, letter from a medical practitioner). Please do not send valuable documents through the post (passport, driving license). Either take them to a Customer Services Centre or post copies.

**ALL APPLICATIONS MUST BE ACCOMPANIED BY A PASSPORT SIZED PHOTOGRAPH**

We reserve the right to call for your birth certificate.

<p><b>IF APPLYING BY POST, PLEASE SEND THIS FORM AND NECESSARY DOCUMENTS TO:</b> Central Bedfordshire Council, Priory House, Monks Walk, Chicksands, Shefford, Beds, SG17 5TQ</p>	<p><b>IF YOU ARE UNCERTAIN ABOUT ANY ASPECT OF THIS APPLICATION, PLEASE RING 0300 300 8308</b></p>
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**IF YOU CAN PROVIDE WRITTEN EVIDENCE OF YOUR DISABILITY, YOU WILL NOT NORMALLY BE ASKED TO PROVIDE A DOCTOR'S CERTIFICATE.**

If you cannot prove your disability in any other way (or if you require a **companion pass**), you should ask your doctor to sign the appropriate box and stamp this form.

## DOCTOR'S CERTIFICATE

I CERTIFY THAT ..... (name)  
is in my opinion eligible for a concessionary travel permit for the reason indicated below:

<b>He or she.....</b>		<b><i>Please sign the appropriate box</i></b>
A	Would be able to register as blind or partially sighted.	
B	Is profoundly or severely deaf.	
C	Is without speech, that is, unable to ask clear or specific questions on fares or destinations.	
D	Has a disability, or has suffered an injury, which has a substantial and long-term adverse effect on his/her ability to walk, that is, for distances up to 100m without stopping, severe discomfort, or help from another person.	
E	Does not have arms or has long term loss of the use of both arms.	
F	Has a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning.	
G	Would, if he/she applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, have his/her application refused pursuant to Section 92 of that Act (Physical Fitness) otherwise than on the ground of persistent misuse of drugs or alcohol.	
H	Is a person eligible for a concessionary travel permit who is so severely impaired that they can only travel on local bus services if accompanied by a companion. <b>NOTE: Where the applicant cannot travel without a companion, box H should be signed in addition to one of the categories A to G.</b>	
Date		Practice Stamp

**For office use only**

Date received:	
Date entered on system:	

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.