

Office use only: ID No.



# 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"/>			
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.**

<b>For Category A, B, C, D, E, F or G</b>	<b>For Category H</b>
<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

No proof of disability? You may get help from your Medical Professional or Social Worker. Please see over.

Category H Applications through the library do not require a photo to be included.

**Please email your completed form and proof to [concessionaryfares@cornwall.gov.uk](mailto:concessionaryfares@cornwall.gov.uk) OR post it to Concessionary Fares, PO Box 769, TRURO, TR1 9JQ OR take it to a branch library.**

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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Cornwall Council has a duty to protect the public funds it administers and so 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. For further information please see [www.cornwall.gov.uk/nfi](http://www.cornwall.gov.uk/nfi).

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)