

**Concessionary Travel Scheme
Application Form 2017/18**



**WOKINGHAM
BOROUGH COUNCIL**

Part 1 Your Details - to be completed by all applicants

Title

First Name Surname

Date of Birth - - Telephone No.

Proof of Date of Birth - Please tick which document you will be supplying
 Passport Driving Licence Printed prescription
 Birth Certificate (a Marriage Certificate / Deed Poll is required in addition to a Birth Certificate if your name has changed)

Address Details

Post Code

Proof of Address - Please tick which document you will be supplying
(Utility bills or bank statements should be dated within the last three months).
 Council Tax / Utility Bill Bank Statement Driving Licence

Part 2 Reason for Applying Please read information sheet before applying.

Reached Eligible Age I wish to apply for a National Off-Peak Bus Pass.
 I enclose one **recent**, colour passport sized photograph.

If you qualify under this option, simply complete section 6 overleaf by **signing the declaration** and return your completed application form and photograph to us with supporting documents. Your pass will be posted to your home address.

OR
Disability I wish to apply for a National Off-Peak Bus Pass (for applicants aged 5 years or over)
 I enclose one **recent**, colour passport sized photograph.

Companion I am unable to travel alone and wish to apply for a Companion Issue National bus pass.

If you are applying as a Disabled or Disabled plus Companion Issue application you must also complete Part 3 below or Part 4 overleaf and Part 5 for a Companion issue.

Disability Eligibility

In order to be eligible for a **Disabled Residents** Travel Concession, applicants must meet at least **one** of the following criteria from either Section 3 or Section 4. Then read the Declaration at Section 6 overleaf and sign this form before returning it. Please tick the appropriate box below to indicate which disability applies in your case.
You will need to provide current documentary proof with your application.

Part 3 Eligibility will be granted automatically where the applicant...

- is in receipt of the **High Rate Mobility** Component of the Disability Living Allowance or the **Higher Rate** of Attendance Allowance and provides a current award notice letter from the DWP (Department of Works & Pensions).
- is in receipt of a **Personal Independence Payment (PIP)** and scores at least 8 points under the classifications of "Moving Around" or "Communicating Verbally" and provides a current award notice letter from the DWP (Department of Works & Pensions).
- is **sight impaired, either blind or partially sighted** and can prove they are registered with the local authority community care department or provide a Certificate of Visual Impairment (CVI) signed by a Consultant Ophthalmologist or a letter from the Berkshire Sensory Needs Service confirming disability registration as blind or partially sighted.
- is **profoundly or severely deaf** and can prove they are registered as severely or profoundly deaf with the local authority community care department, or able to supply a current report form from an aural specialist.
- is in receipt of the **War Pensioners Mobility Supplement** and provides a current award notice letter from the Service Personnel and Veterans Agency.

Part 4 Where the applicant does not meet the above criteria, eligibility may also be granted if the applicant...

- is without speech, in any language** and provides a letter from the Berkshire Sensory Needs Service confirming disability registration as a person without speech, or a letter on headed paper from a qualified medical professional that the applicant is without speech.
- does not have arms or has long-term loss of the use of both arms** and provides a letter on headed paper from a qualified medical professional confirming the loss of use of both arms.
- has a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning. Disability must have started before adulthood and the applicant is registered, received or receiving specialist education at a Special Educational Needs School.**
Please provide a letter on headed paper from your social care provider (e.g.WBC Social Care, Optalis, CAN, etc.) or from a qualified medical professional confirming a learning disability before adulthood.
Please note that disorders such as autism (unless severe) asperger's syndrome, dyslexia, dyspraxia, and ADHD are not covered by this Government definition.
- is unable to drive for medical reasons, but not on the grounds of persistent misuse of drugs or alcohol.**
Provide a letter from the DVLA confirming notice of withdrawal of licence (not including voluntary withdrawal) or a letter on headed paper from a qualified medical professional confirming that a medical condition prevents driving or the issue of a licence.
- has a disability, or has suffered an injury, which has a substantial and long-term adverse effect on their ability to walk.**
Provide a letter on headed paper from a qualified medical professional confirming that the applicant cannot walk for distances up to 100 metres without stopping, suffering severe discomfort or without help from another person.
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Companion Issue

Part 5 You will need to provide documentary proof with your application.

- I receive the Higher Rate Mobility Component of Disability Living Allowance
- I receive the Higher or Middle Rate Care Component of Disability Living Allowance
- I receive the Higher Rate of Attendance Allowance
- I receive a Personal Independence Payment (PIP) and score at least 8 points under the classifications of "Moving Around" or "communicating Verbally"
- I receive a War Pensioners Mobility Supplement or a War/Service Disablement Pension
- I have a letter from my GP / Social Worker confirming why I am unable to travel alone

Help or Questions

If you have any questions or need help to complete your application form, contact us at: Telephone 0118 9746000
email: concessionarytravel@wokingham.gov.uk Web: www.wokingham.gov.uk
Letter: Concessionary Travel Department, Wokingham Borough Council, PO Box 152, Wokingham, Berkshire, RG40 1WJ.

Part 6 Declaration - to be signed by all applicants

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. For further information, please see the Level 2 notice on the Council's website at:

<http://www.wokingham.gov.uk/council/transparency/processing/fair-processing-statement/>

Please remember: It is an offence to deliberately give false or incomplete information in order to obtain a concession. If you do so, you may be prosecuted.

I declare that the information given on this form is true and complete to the best of my knowledge. I agree that the information I have given may be used in the prevention and detection of fraud and shared within Wokingham Borough Council and with other agencies.

Signature of Applicant: _____

Date _____

To improve our communications with you, do you have an email address that we could use to contact you about your bus pass?

Email address: _____