



Customer and Business Support Team
Gun Wharf
Dock Road
Chatham
Kent
ME4 4TR

Concessionary Bus Pass Team: 01634 333333
Email: buspasses@medway.gov.uk

Dear Customer

APPLICATION FOR DISABLED PERSON'S CONCESSIONARY BUS PASS

Thank you for contacting us regarding a bus pass application form.

Please note - The application process can take up to six weeks.

Please complete the application form as fully as possible:

- Section 1 – Please include a passport size photo
- Section 2 or 3 – Please include all supporting evidence
- Section 4 if applicable
- Section 5 - Read and sign the mandatory declarations

If your application form is incomplete or not signed, it will be returned to you and this will cause a delay in processing your application.

Please **only send photocopies** of your supporting evidence, as we cannot guarantee the return of any original documents

Please return the completed application form to the Customer and Business Support Team, Gun Wharf, Dock Road, Chatham, Kent, ME4 4TR

Yours sincerely

Customer and Business Support Team

This document is available in larger print if require

CONCESSIONARY BUS PASS

Terms and conditions

- A local authority may refuse to issue a bus pass if they have reason to believe that the applicant is not who they claim to be or that the bus pass would be used by someone other than the person to whom it has been issued. Please note that it is a criminal offence for you or anyone else to misuse the bus pass. If convicted under the Fraud Act 2006, anyone found guilty of fraudulent application may be subject to imprisonment or unlimited fine.
- You must show a valid pass each time you travel. In most areas you should show your pass to the driver, but in some places you may need to scan your pass on a machine as you get on the bus. If asked, please tell the driver your destination. Some bus companies issue concessionary tickets/receipts for your journey. If one is issued, please take it and keep it throughout the journey. For more information about bus routes/times, please phone Traveline on 0871 200 2233 (calls cost 12p per minute plus any charges your network provider makes).
- You cannot travel before 9:30am (9:00am where specifically allowed, including Medway) on weekdays, unless it is a public holiday, or your pass states otherwise.
- Medway Council, and the other councils that run the Concessionary Travel Scheme, cannot guarantee the availability of any bus service.
- The bus driver, ticket inspector, or council representative can ask you about your circumstances, and the journey you are making, to make sure you should have a bus pass, and to monitor the use of the passes.
- You must follow the operator's rules when you travel using your pass. These are explained in their Conditions of Carriage and Passenger Regulations.
- You must not let anyone else use your pass.
- Your pass cannot be used on long-distance or excursion coach journeys, on rail, tube and train services, or on some Park & Ride and leisure bus services.
- Your pass is not valid if it is damaged or defaced.
- Your pass remains the property of Medway Council.
- You must surrender the pass to a council representative, if asked to do so.
- Medway Council, and other councils that run the Concessionary Travel Scheme throughout England, are not responsible for any losses or damages you suffer when you travel using your pass.
- If you lose your pass, please let Medway Council know immediately. Up to two replacement passes a year may be issued, if you lose your pass. There is a charge of **£15.00** (subject to change) for each replacement pass, unless it has been lost in connection with a crime that you have reported to the police. Cash payments can only be accepted at Gillingham, Chatham, Rochester or Strood Community Hubs.
- If you move away from Medway, please return your pass to Medway Council and apply for a pass in your new area. This will mean that you benefit from any other concessions offered in your new area.
- Please note that any information provided on this form is held for data matching purposes and may be used in the prevention and detection of fraud.

Checklist of documents you need to enclose (NO ORIGINALS)

- | | |
|--------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> | Proof of your address, dated within the last 12 months. |
| <input type="checkbox"/> | Proof of your identity. |
| <input type="checkbox"/> | A passport size photo. |
| <input type="checkbox"/> | All documentation relevant to sections 2 and 3 where applicable. |

Section 2 – Questions for applicants who automatically qualify

To automatically qualify you must ensure that the requested proof of eligibility is included.

2a) People who receive the Higher Rate of the Mobility Component of Disability Living Allowance

Do you receive Higher Rate Mobility Component of Disability Living Allowance?

Yes:

N.B. We do not accept letters of entitlement to the higher rate of care component as evidence.

If YES, is it indefinitely? Yes: No: If NO, please confirm end date: / /

Please tick to confirm you have provided a copy of a letter of entitlement to this benefit issued **within the last 12 months** or your most recent annual updating letter. If you need a copy of this letter please contact the Department for Working Pensions on 08457 123456.

Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions.

2b) People who receive eight points or more under the “Moving Around” and/or “Communicating Verbally” activities of Personal Independence Payment (PIP)

If YES, is it ongoing? Yes: No: If NO, please confirm end date: / /

Please tick to confirm you have provided a photocopy of your original letter of entitlement to this benefit issued **within the last 12 months**. This must show your current name and address.

Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions.

2c) People who receive the War Pensioner’s Mobility Supplement

Do you receive the War Pensioner’s Mobility Supplement?

Yes:

If YES, have you been awarded this benefit indefinitely?

Yes:

If NO, when is this benefit due to end? (DD/MM/YYYY) / /

If you are in receipt of the War Pensioner’s Mobility Supplement, please tick to confirm you have provided a photocopy of a letter of entitlement to this benefit. You should have an award letter from the Service Personnel and Veterans Agency (SPVA). If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.

2d) People who have a current disabled persons’ Blue Badge

Do you hold a current Blue Badge? Yes:

Expiry Date:

Issued by (local authority):

Serial number:

If you have answered “Yes” to any of the questions in Section 2 please go straight to Section 4 to confirm if you require a companion pass, then ensure that you sign the declarations in section 5.

If you have answered “No” to all questions in Section 2 please go to section 3 and complete the rest of the application form.

Section 3 – Questions for applicants who may be eligible under the seven categories of disability

3a) People who are blind or partially sighted

Are you blind or partially sighted?

If YES, please provide either:

- The local authority you are registered and your registration number
- Certificate of Visual Impairment (CVI) completed by an ophthalmologist.
- Form BD8 (issued from 1990 but replaced more recently by the CVI).

Yes:

Local Authority:

Registration Number:

3b) People who are profoundly or severely deaf

Are you profoundly or severely deaf?

If YES, please provide a photocopy of either:

- Your Social Service registration letter **and** orange registration card
- Audiological report from an aural specialist indicating hearing loss has reached 70-95 dBHL (severely deaf) or 95+ dBHL (profoundly deaf).

Yes:

3c) People who are without speech

Are you without speech?

If YES, please provide:

- A letter from a specialist doctor/ independent health professional/ registered medical practitioner confirming that you are unable to make clear, basic oral requests. For example to ask for a particular destination or fare.

This category does not cover people who are able to communicate orally but whose speech may be slow or difficult to understand, for example because of a severe stammer.

Yes:

3d) People who have a disability or has suffered an injury which has a substantial and long-term adverse affect on the ability to walk

Do you have a disability/injury, which has a substantial long-term affect on your walking?

To qualify under this category, a person would have to have a long term and substantial disability that means they cannot walk or which makes it very difficult to walk.

If YES, please complete the attached disability questionnaire (appendix A) in full, providing photocopies of prescriptions and medical letters or reports. If the questionnaire is not completed in full it will be returned back to you to complete and this could hold up your application.

N.B. all applications are subject to review by an Independent Mobility Assessor in line with the Department of Transport mobility criteria.

Yes:

3e) People without arms or has long term loss of the use of both arms

Are you without arms or do you have a long-term loss of the use of both arms?

If YES, please provide:

- A letter from a specialist doctor/ independent health professional/ registered medical practitioner confirming that you are unable to use your arms to carry out day-to-day tasks such as paying coins into a fare machine.

Yes:

3f) People with a learning disability, that is, a state of arrested or incomplete development of mind, which includes a significant impairment of intelligence and social functioning

A person with a learning disability has a reduced ability to understand new or complex information, a difficulty in learning new skills, and may be unable to cope independently. To qualify under this category this disability must have started before adulthood and have a lasting effect of development. The person should be able to qualify for specialist services and he or she may have had special educational provision.

You will be eligible if;

- You have a learning disability which includes significant impairment of intelligence **and** social functioning; this includes:
 - Down Syndrome
 - Some autistic spectrum disorders and other learning disabilities which mean that you have a difficulty in understanding new and complex information, **and** have difficulty in learning new skills, **and** may not be able to cope independently*.

**someone who cannot cope independently may be able to live on their own but may need help with some aspects of daily living e.g. managing household bills.*

You will not be eligible if;

- You have dyslexia, dyspraxia or attention deficit disorder (ADD/ADHD) – these would not qualify as ‘significant impairment of intelligence and social functioning’.
- Your intelligence is not impaired, even if your disability affects your social functioning.
- You are applying because of mental health problems.
- Your condition started after you became an adult (e.g. brain injury)

N.B. you may still qualify if your condition is so severe that you would be refused a driving licence - see ‘Category g’ for more details.

Do you have a learning disability, which includes a significant impairment of intelligence **and** social functioning?

Yes:

If YES, please provide information which confirms you have significant impairment of your intelligence and significant impairment of your social functioning. This can be either of the following:

- For a child; a Statement of Special Educational Needs; a letter from a head teacher at your school that confirms that you are in special educational provision; or a letter from a learning disability co-ordinator at a mainstream school or college which states that you have reduced ability to understand new or complex information, a difficulty in learning new skills, and that you have significant impairment of intelligence **and** significant impairment of your social functioning.
- A letter from a specialist doctor/ independent health professional/ registered medical practitioner confirming that you have reduced ability to understand new or complex information, a difficulty in learning new skills, and that you have significant impairment of intelligence **and** significant impairment of your social functioning.
- A letter from the manager of the residential home or sheltered accommodation where you are resident confirming that you have reduced ability to understand new or complex information, a difficulty in learning new skills, and that you are unable to cope independently.
- If you are open to any **Medway Council services for support i.e. Social Services**, please confirm the name and contact details of the Medway Council professional involved in your care:

We cannot accept information that says:

- ‘Learning Difficulties’
- a ‘Learning Disability’
- Asperger Syndrome
- Autistic Spectrum Disorder

None of the above provides evidence that your intelligence is significantly impaired.

3f) Please provide additional information / contact details in the box below, of any involvement with health and social care professionals/ community groups and activities/ colleges/ schools/ support workers to support your application

3g) People whose driving licence would be refused under section 92 of the Road Traffic Act 1988 (physical fitness). You will not be eligible if you were refused because of persistent misuse of drugs or alcohol

Under the Road Traffic Act 1988 you may be refused a driving licence on the grounds of your medical fitness. Those currently barred from holding a licence include people with:

- i. epilepsy (unless it is of a type which does not pose a danger);
- ii. severe mental disorder;
- iii. liability to sudden attacks of giddiness or fainting
- iv. inability to read a registration plate in good light at 20.5 metres (with lenses if worn);
- v. other disabilities which are likely to cause the driving of vehicles by them to be a source of danger to the public.

You need not have applied for a driving licence in order to qualify, and a child may be eligible under this criteria if their condition would prevent them from holding a driving licence if they were old enough.

You will be eligible if;

- You have had an epileptic attack within the last 12 months or you have a history of epileptic attacks when asleep and have had one whilst awake within the last three years.
- You are diabetic and have suffered a hypoglycaemic attack requiring the assistance of another person within the last 12 months.
- You have a severe mental disorder which means that you would be a danger to the public if you were to drive.
- You cannot read a registration plate in good light at 20.5 metres (with lenses).
- You are liable to sudden attacks of giddiness or fainting (i.e. as a result of cardiac disorder).
- You have another medical condition which means that you would be a danger to the public if you were to drive.

You will not be eligible if;

- You are refused a driving licence as a result of the misuse of drugs or alcohol.
- You are advised not to drive for medical reasons, or for the sake of your health, but are allowed to keep your driving licence (e.g. if you are recovering from surgery or because driving would make a medical condition worse).
- The reason you cannot drive is short term (less than 12 months) and you are not required to surrender your licence.
- The reason you cannot drive is because of the side effects of medication that you are taking (unless your driving licence is revoked or refused because of it).
- You suffer from mental health issues (such as anxiety or depression) which would not cause you to be a danger to others if driving.
- You have a life-limiting condition or serious illness, unless you are at risk of seizures as a result.

Have you or would you be refused a drivers licence under section 92 of the Road Traffic Act 1988 (physical fitness)?

Yes:

If YES, please provide:

- A letter from the DVLA indicating refusal or withdrawal of your licence for a minimum of 12 months.
- A letter from a specialist doctor/ consultant / independent health professional confirming that that you have one of the disabilities or medical conditions which would be covered by Section 92 of the Road Traffic Act 1988 (as listed in paragraphs i. to v. above) which is likely to cause the driving of vehicles by them to be a source of danger to the public and confirming the reasons why.
- Documents which demonstrate that you have one of the disabilities or medical conditions which would be covered by Section 92 of the Road Traffic Act 1988 (as listed in paragraphs i. to v. above). These may include medical reports dated within the last 12 months or document which describe the condition being treated.

N.B. Any letter provided as evidence should make it clear why you would be refused a drivers licence and whether this is permanent or temporary. If temporary, it should state the expected duration.

Section 4 – Companion Pass

You can apply for a pass with companion entitlement if you are unable to board public transport without assistance. Please provide evidence of one of the following dated within the last 12 months and explain why:

Higher rate mobility or care component of Disability Living Allowance; **or** Higher rate of Attendance Allowance; **or**

Eight points or more on the 'Moving Around and/or 'communicating verbally' activities of Personal Independent Payment (PIP); **or** Enhanced rate of Daily Living Component of Personal Independence Payment (PIP); **or**

Registered blind or partially sighted; **or**

A letter from a specialist doctor/ independent health professional/ registered medical practitioner confirming that you are unable to travel alone.

N.B. all requests for a companion pass are subject to review by an Independent Assessor.

Do you require a companion pass?

Yes: No:

Explain why you need a companion to help you travel by bus (must be completed):

Section 5 – Declarations and signature

All documents relating to this application will be dealt with in line with the Data Protection Act 1998 and may be shared within the local authority, with other local authorities, to detect and prevent fraud. Any medical information that you have supplied to support this application is deemed, under the Data Protection Act, to be "sensitive personal data" and will only be disclosed to third parties as necessary for the operation and administration of the Concessionary Bus Pass scheme, and to other Government Departments or agencies, to validate proof of entitlement or as otherwise required by law. I confirm that, as far as I know, the details I have provided are complete and accurate. I realise that you may take action against me if I have provided false information in this application form. I understand that I must promptly inform my local authority of any changes that may affect my to a concessionary bus pass. I understand that, if my application is successful, I must only use the bus pass in accordance with the terms and conditions of the scheme. I understand that the local authority may need to contact an accredited healthcare professional for the purpose of obtaining further information in support of my application and that I may be required to undertake an assessment with a healthcare professional who is independent of my existing care and treatment in order to determine my eligibility for a bus pass. I consent to the local authority checking any information already held by the local authority's Social Services department. I confirm that the photographs I have submitted with my application are a true likeness.

Your signature:

Print name here:

Date: //

I am the applicant

I am signing on behalf of the applicant

Please state your relationship to the applicant:

Please state the reason the applicant was unable to provide their own signature:

Appendix A - Medway Concessionary Bus Pass Disability Questionnaire

ONLY to be completed by applicants applying under **category 3d**, who have a disability or have suffered an injury, which has a substantial and long-term adverse affect on the ability to walk.

Title (Mr, Mrs, Miss, Ms, other):		Name (in full):	
Please describe: Any medical conditions / disabilities which affect your walking (If you know them please state the medical terms for the condition you have been diagnosed with).			
Have you included a photocopy of letters or reports from your medical/health professional confirming your diagnosis?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Please describe:			
<ul style="list-style-type: none"> Any surgery or courses of treatment you have undergone or specialist clinics you have attended in relation to each medical condition / disability you have mentioned. Please state when you underwent any relevant surgery or treatment or attended specialist clinics. 			
Surgeries/courses of treatment/ specialist clinics		Dates you received this treatment	
Have you included a photocopy of any letters/reports from your medical/health professional confirming any surgery or treatment you have undergone?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
What medication do you currently take in relation to the conditions / disabilities you described above?			
Medication	Dosage	Frequency	
Have you included a photocopy of your prescription given by your GP or consultant?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are you currently taking any pain relief in relation to the medical conditions / disabilities you mentioned above?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If YES, please explain what you are taking and how frequently you need it:			

Are you currently...

(Please tick whichever statements apply to you and provide further details in the space below).

- Awaiting surgery in relation to the conditions / disabilities described above?
- Recuperating from surgery in relation to the conditions / disabilities described above?
- Awaiting treatment for any of the conditions / disabilities described above?
- Managing your condition / disability, you have been advised it is not expected to improve any further?
- None of the above.

Please give details of the healthcare professionals or specialists (including your GP) who have been treating you in relation to the conditions / disabilities described above:

Name	Hospital/ Health Centre	Job title	Telephone number

Do you anticipate your conditions / disabilities will improve in the next three years?

Yes: No:

If YES, please describe how much you expect your conditions / disabilities to improve:

How do the conditions / disabilities you described above affect your ability to walk?

Please tick whichever of the following statements describe your general walking ability:

(Please tick whichever options apply to you - you can tick more than one box).

- I am able to walk well, including recreational walks.
- I am able to walk around the supermarket to do my own shopping.
- I am able to walk and can use public transport for some of my local trips.
- I am able to walk, but struggle with longer distances or hills.
- I am able to walk, but get breathless if I walk for more than a few minutes.
- I am able to walk, but find it too painful to walk for more than a few minutes.
- I am able to walk but use a wheelchair for longer trips outside the home.
- I am able to walk around my home, but am unable to climb the stairs.
- I am unable to walk at all.
- Other (please describe below).

Are you able to walk outside without help from another person?

Yes: No:

If NO, please describe the help you need:

Where, in your local area, can you comfortably walk to from your home?

(Please state a specific location or landmark, which could be found on a map, e.g. a shop, street address or park).

How long does it take you to walk there (in minutes)?

Please tick the box that best describes the way you walk:

- Normal - no specific problems with walking.
- Adequate - for example, you walk with a slight limp.
- Poor - for example, you walk with a heavy limp, a stiff leg or shuffle, or have problems with balance.
- Extremely poor - for example, you drag your leg, stagger, swing through two crutches or need physical support.
- Other. (Please tell us in your own words about the way you walk in the space provided below)

Do you use any of the following walking aids?

(Please tick whichever options apply to you - you can tick more than one box).

<input type="checkbox"/> One elbow crutch.	<input type="checkbox"/> Two elbow crutches.	<input type="checkbox"/> One walking stick.
<input type="checkbox"/> Two walking sticks.	<input type="checkbox"/> Rollator.	<input type="checkbox"/> Walking frame (Zimmer frame).
<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Powered wheelchair.	<input type="checkbox"/> Other (please describe).

Your walking aids were... (Please tick whichever options apply to you).

<input type="checkbox"/> Purchased privately by me.	<input type="checkbox"/> Prescribed by a healthcare professional.
<input type="checkbox"/> Provided by Social Services.	<input type="checkbox"/> Other (please describe).

How far would you estimate you are able to walk, using any walking aids, before you feel severe discomfort? (Please state the distance in metres or yards using whichever measure is best for you).

<input type="text"/>	: metres	<input type="text"/>	: yards
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When answering this question please note that:

- The average adult step is just less than one metre, which is 1.1 yards or 3 feet and 4 inches.
- If you walk alongside someone and they take 100 steps you would have walked roughly 90 metres, or 100 yards.
- The average double-decker bus is about 11 metres, or 12 yards, long.
- A tennis court is about 24 metres, or 26 yards, long.
- A full size football pitch is about 100 metres, or 110 yards, long.

Roughly how much time would you estimate it takes you to walk this distance?**Minutes:****Are you able to continue walking after a short rest?**Yes: No: **If you can continue, roughly how long are you able to walk for in total?****Minutes:****Please answer 'Yes' or 'No' to each of the following questions by ticking the relevant box:**Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? Yes: No: Do you get short of breath walking with other people of your own age on level ground? Yes: No: Do you have to stop for breath when walking at your own pace on level ground? Yes: No: Do you get too breathless to leave your home, or after dressing? Yes: No: **Is there anything else you would like to add that you think is relevant in support of your application for a bus pass?****Name:****Signature:**