

Application Form for Concessionary Travel Pass for disabled people resident in Leicestershire (excluding Leicester City)

Residents of Leicester City can obtain a form from Leicester City Council Customer Services Centre -
0116 454 1000 www.leicester.gov.uk

Who is the scheme for?

You can apply if you are normally resident in Leicestershire and are one or more of the following:

- Registered as severely sight impaired (blind) or sight impaired (partially sighted) with VISTA;
- Profoundly or severely deaf in both ears;
- Without speech;
- Without the use of both arms;
- Have a learning disability including **significant** impairment of intelligence **and** social functioning (both must be present and significant);
- Likely to be refused a driving licence for medical reasons, otherwise than on the ground of persistent misuse of drugs or alcohol;
- Having a permanent and severe walking difficulty.

You may automatically qualify for a pass - If you have been awarded any of the following benefits for at least 12 months. You will need to provide your award letter as evidence of receipt of these benefits:

- Higher Rate Mobility Component of Disability Living Allowance;
- Personal Independence Payment (PIP) indicating that you cannot walk more than 50 metres or cannot communicate without help;
- War Pensioners' Mobility Supplement.

If you have been awarded a lump sum under the Armed Forces Compensation Scheme, you will need to provide as evidence either your Notice of Walking Disability letter or Reasons for Decision letter from the Service Personnel and Veterans Agency or Veterans UK.

If you have a Blue Badge (Disabled Person's Parking Permit) issued by Leicestershire County Council prior to 30 August 2019, you will automatically qualify. Blue Badges issued after 30 August 2019 will only result in automatic qualification if they were issued under specific criteria. Please see Blue Badge section, overleaf.

What benefits will I get from my travel pass?

Free bus travel (English National Concessionary Travel Scheme). Your pass will enable you to travel free on local buses in all parts of England, between 9.30am and 11.00pm on Monday to Friday and all day at weekends and bank holidays. The pass can also be used at these times on Leicester Park & Ride services to obtain a reduced concessionary fare (not free travel), see www.leicesterparkandride.co.uk for details.

How do I apply and how long will it take to get my pass?

Fill in all relevant sections of the form and send it to the address shown with a photograph of the size used in passports. The photograph needs to be taken within the last 12 months against a solid grey or white background with facial features unobscured. You will also need to send proof of entitlement; either Section 4 signed by a health professional or evidence of receipt of qualifying benefit. You must sign Section 5 of the form (or have someone sign it on your behalf if you are under 18 or are not able to sign for yourself). At our busiest times it can take us up to 28 days (4 weeks) to deal with all the applications we receive.

Send the **signed form, photograph and proof of entitlement** to Disabled Persons' Travel Scheme, Customer Services Centre, Leicestershire County Council, County Hall, Glenfield, Leicester LE3 8ST.

IMPORTANT INFORMATION: Only the pass most recently issued to you is valid for travel. Therefore if you lose your pass and get a replacement, your original pass ceases to be valid, even if you later rediscover it. **You are likely to be refused free travel if you present anything other than your most recent pass.**

This pass is only valid for you; do not let another person use your pass. Your right to free travel is not transferable to anyone else.

If you have any questions or require this information in an alternative version such as large print, on Braille, tape or help in understanding it in your language please contact the Customer Service Centre on 0116 305 0002, Minicom number 0116 305 0007 or email us at customerservices@leics.gov.uk

ਜੇ ਆਪ ਨਾ ਸਮਝਦੀਆਂ ਆਪਣੀ ਆਖਾਮਾਂ ਸਮਝਦੀਆਂ ਹੋਵੋ ਮਦਦ
ਨੰਬਰਾਂ ਤੇ ਨੰ 0116 305 0002 ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ ਅਤੇ
ਅਸੀਂ ਆਪਣੇ ਮਦਦ ਕਰਨਾ ਆਰੰਭ ਕਰੀਏ।

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣ ਵਿਚ ਕੁਝ ਮਦਦ ਚਾਹੀਦੀ
ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0116 305 0002 ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ ਅਤੇ
ਅਸੀਂ ਤੁਹਾਡੀ ਮਦਦ ਲਈ ਕਿਸੇ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਦਵਾਂਗੇ।

এই তথ্য নিচ্ছেন ভাষায় বুঝার জন্য আপনার যদি কোন
সাহায্যের প্রয়োজন হয়, তবে 0116 305 0002 এই নম্বরে
ফোন করলে আমরা উপযুক্ত ব্যক্তির ব্যবস্থা করবো।

假如閣下需要幫助，用你的語言去明白這些資訊，
請致電 0116 305 0002，我們會安排有關人員為你
提供幫助。

Jeżeli potrzebujesz pomocy w zrozumieniu tej informacji
w Twoim języku, zadzwoń pod numer 0116 305 0002,
a my Ci pomożemy.

Leicestershire Concessionary Travel Pass for Disabled People

Please use BLOCK CAPITALS

SECTION 1

Is this a: **New application** **Renewal application**

Title (Mr/Mrs/Miss/Ms/Mx/Other) Surname/Family Name

First Name(s) Date of Birth

Address

Postcode Telephone Number

Email address

SECTION 2

Which type of disability do you have? (tick one or more boxes as applicable):

- | | |
|---|---|
| <input type="checkbox"/> Sight Impaired or Severely Sight Impaired | <input type="checkbox"/> Severely/Profoundly Deaf |
| <input type="checkbox"/> Without Speech | <input type="checkbox"/> Without the use of both arms |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Medically unfit to hold a driving licence |
| <input type="checkbox"/> Severe Walking Disability | |

SECTION 3

This section is to provide evidence that you are eligible. You may complete more than one section if it applies to you:

For **SIGHT IMPAIRED** or **SEVERELY SIGHT IMPAIRED** people:

Are you registered with VISTA? **Yes** **No**

Please provide your VISTA registration number

This information may be used to check your eligibility.

If you have ticked Yes and have no other disability, go to Section 5

For **SEVERELY DEAF** or **PROFOUNDLY DEAF** people:

To qualify for the concessionary travel scheme you need to have a hearing loss of 70dBHL or greater in **both** ears. You should ask an audiologist or aural specialist to provide a signed letter or statement about your level of hearing loss and enclose it with this form.

Letter or statement enclosed

If you have a letter/statement and no other disability, go to Section 5

SECTION 3 Continued

For people with a **LEARNING DISABILITY** where they have a **significant** impairment of intelligence **and** social functioning (both must be present and significant):

What is your learning disability (diagnosis)?
Have you attended a Special School or Day Centre or other form of specialist service? **Yes** **No**
If YES, please write here the name and address of the school or specialist service.
.....

We will use this information to cross check records already held by Leicestershire County Council (your SEN or Social Care Transport records and/or EHCP) to confirm your eligibility. This may help to speed up your application. You may submit your ECHP or any psychology report as evidence of level of impairment of intelligence and social functioning.

If you have any qualifications (or are currently studying for a qualification), please state your highest level of qualification (e.g. GCSE, A-level).....
Please ask your health professional to give further information in Section 4(c)

For people with a **SEVERE WALKING DISABILITY**:

Are you applying on the grounds of qualifying through receipt of the **Higher Rate Mobility Component of Disability Living Allowance**? **Yes** **No**

Evidence of receipt of benefit for at least 12 months enclosed. You do not need to ask a health professional to complete Section 4.

Are you applying on the grounds of qualifying through receipt of **Personal Independence Payment** (PIP) because you have been awarded at least 8 points for the “Moving Around” activity **or** at least 8 points for the “Communicating verbally” activity? (Please note that points awarded under any other criteria are not accepted for automatic eligibility.) **Yes** **No**

Evidence of receipt of benefit for at least 12 months enclosed. Please ensure that you enclose the full document showing points. You do not need to ask a health professional to complete Section 4.

Are you applying on the grounds of qualifying through receipt of the **War Pensioners’ Mobility Supplement**? **Yes** **No**

Evidence of receipt of benefit for at least 12 months enclosed. You do not need to ask a health professional to complete Section 4.

Are you applying on the grounds of receiving a lump sum payment under the **Armed Forces Compensation Scheme**? **Yes** **No**

If yes, you need to provide as evidence either your Notice of Walking Disability letter or Reasons for Decision letter from the Service Personnel and Veterans Agency or Veterans UK. If you have a Notice of Walking Disability, you will qualify automatically. You can also qualify if you do not have a Notice of Walking Disability, but your Reasons for Decision letter includes injuries that entitle you.

Evidence enclosed

SECTION 3 Continued

The Blue Badge (Disabled Person's Parking Permit) criteria has been extended from 30 August 2019 to include some people with certain hidden disabilities. Parts of the new criteria do not prove entitlement for a Disabled persons concessionary pass and therefore we will continue to accept Blue Badges issued under one of the following categories only:

- A current, valid Blue Badge issued by Leicestershire County Council prior to 30 August 2019
- A current, valid Blue Badge issued by Leicestershire County Council after 30 August 2019 issued under disability in both arms
- A current, valid Blue Badge issued by Leicestershire County Council after 30 August 2019 issued under Higher Rate Mobility Component of Disability Living Allowance (HRMCDLA), War Pensioners Mobility Supplement or Armed Forces Compensation Scheme **Yes** **No**

Please provide Blue Badge number

We will use the number to check you have a current, valid Blue Badge in order to confirm your eligibility for a Disabled Persons' Concessionary Pass.

If you do not have current, valid Blue Badge, please ask a health professional to complete Section 4(e).

If you have a severe walking disability that cannot be evidenced by one of the routes above, please ask a health professional to complete Section 4(e).

If your severe walking disability has been evidenced above, please go to Section 5.

For people **MEDICALLY UNFIT TO HOLD A DRIVING LICENCE:**

I confirm that:

- I have never held a driving licence because I am medically unfit, or
- I have held a driving licence and have surrendered it to the DVLA because I am medically unfit to hold it. If you have a letter from the DVLA confirming that you have surrendered your licence, please provide a photocopy.

Please ask your health professional to give further information in Section 4(d).

SECTION 4

For people who are **WITHOUT SPEECH**, or have a **SEVERE WALKING DISABILITY** or who are **WITHOUT THE USE OF BOTH ARMS**, or **HAVE A LEARNING DISABILITY** or are otherwise likely to be **REFUSED A DRIVING LICENCE ON MEDICAL GROUNDS**, you **must** get Section 4 below completed by a health professional (see below for the type of health professional who can sign). A health professional may make a charge for signing the form, which you will have to pay; Leicestershire County Council will not refund this charge.

If you are applying due to having a learning disability or mental health condition, this section must be completed by General Practitioner, Hospital Consultant, Psychiatrist or Community Psychiatric Nurse. Other sections may be completed by your Community/Practice Nurse, Occupational Therapist, Hospital Consultant or General Practitioner (GP).

To be completed by a health professional (please see notes above as to what type of health professional needs to complete this section). Please write **CLEARLY** and in **BLOCK CAPITALS**. Responses that cannot be read will be returned.

I certify that (name of applicant)

(a) is **without speech** (i.e. unable to communicate in any language and is unable to make clear basic oral requests) due to.....
.....
Signed Date

(b) is **without the use of both arms** (and is unable to use them to carry out day-to-day tasks, for example, paying coins into a fare machine) due to.....
.....
Signed Date

(c) **has a learning disability** which includes a **significant** impairment of intelligence **and** social functioning (both must be present and significant), due to.....
.....

A statement of diagnosis in isolation is not normally sufficient to confirm eligibility. Please provide details as to the applicant's **intelligence** level, e.g. state the level of education that this applicant has achieved/is likely to achieve or their IQ level, (if known)

.....
Please also provide details as to the applicant's level of **social functioning** e.g. ability to communicate with people not known to them, to follow instructions etc.
.....
Signed Date

(d) would be **likely to be refused a driving licence on medical grounds**, due to

.....
(Please provide specific details as to why a driving licence is likely to be refused, not just providing a diagnosis. Please see www.gov.uk/dvla/fitnessdrive)

Are they medically unfit to drive due to the persistent misuse of drugs or alcohol? **Yes** **No**

Signed Date

(e) has a **severe walking disability** which will last at least 12 months and means he/she cannot walk or is virtually unable to walk (that is to “put one foot in front of the other”), due to

.....
A statement of diagnosis in isolation is not normally sufficient to confirm eligibility, please confirm:

- How far can the applicant walk without experiencing **severe** discomfort due to pain or breathlessness (distance)?
- How long does it take them to walk this distance? (minutes/seconds)
- How long can the applicant walk for in total (minutes)?.....
- Any issues they have with gait/walking style.....
- Whether the exertion required to walk would constitute a danger to their life or whether it would be likely to lead to a **serious** deterioration in their health (e.g. due to heart attack etc. NOT danger due to other safety factors, e.g. walking/running into traffic) **Yes** **No**
- Do they applicant experience **significant** pain when walking? **Yes** **No**
- Do they experience **significant** levels of breathlessness when walking? **Yes** **No**

Please provide details of their medication (including dose) relating to pain, breathlessness or any other relevant medication

Signed Date

Name of health professional completing the form (**BLOCK CAPITALS** please):

.....
Occupation Tel. Number.....

Name and Address of Practice or Establishment

.....
Is this impact of the above condition: mild / moderate / severe

Is the condition/impact of the condition:

temporary / 1-2 years / 3-5 years / over 5 years / lifelong

I (the health professional) confirm that I am happy to provide further information/clarification on request

Official stamp of health professional or their establishment (if available)


SECTION 5

I declare that:

- a) I believe I am eligible for a Concessionary Travel Pass by disability.
- b) I am resident in Leicestershire (not Leicester City).
- c) All information given is correct to the best of my knowledge.
- d) If my circumstances change so as to make me not eligible for the scheme, I will return my concessionary pass to Leicestershire County Council.

Signature Date

If you are signing on behalf of a person who is under 18 or for someone who is unable to complete and sign this form themselves please provide your name and your relationship to the applicant or in what capacity you are making the application.

 The data collected is in accordance with current data protection legislation. Data will only be used for the purpose outlined in this leaflet. Please note that the key data may be provided to bodies responsible for auditing and administering public funds for the purpose of preventing and detecting fraud.

Name

Relationship to applicant

Checklist:

- Form signed by the applicant or person completing form on their behalf (and their relationship to the applicant if signed on their behalf)
- Photograph of the applicant enclosed
- Letter or statement of hearing loss (if applicable) enclosed
- Evidence of receipt of Higher Rate Mobility Component of Disability Living Allowance or Personal Independence Payment (PIP) or the War Pensioners Mobility Supplement for at least 12 months (if applicable) enclosed (please include all pages of the award letter)
- Evidence of Notice of Walking Disability letter or Reasons for Decision letter from the Service Personnel and Veterans Agency or Veterans UK (if applicable) enclosed
- Signed health professional declaration for other disabilities (Section 4).

Please send this **completed form**, including **proof of eligibility** and **photograph** to:

Disabled Persons' Travel Scheme
Customer Services Centre
Leicestershire County Council
County Hall
Glenfield
LEICESTER
LE3 8ST

At our busiest times it can take us up to 28 days (4 weeks) to process the applications we receive. PLEASE ALLOW 28 DAYS FOR YOUR PASS TO BE SENT TO YOU.

For information on how this data will be processed please see the Fair Processing Notices on our website at www.leicestershire.gov.uk/about-the-council/data-protection