

# Disabled persons bus pass application



This form **only** needs completing if you cannot provide us with documents to support your disability. See the reverse of this form.

If you have documents to support your disability take them to your nearest pass issuing office. If you don't have documentation to support your disability complete the application form and send it to the Passenger Transport Team by either handing it into one of the offices that issue bus passes or post your form to:

**Ticketing Coordinator, Stoke-on-Trent City Council, Transport Operations, Civic Centre, Glebe Street, Stoke on Trent, ST4 1HH.**

We will write to your GP and ask them questions regarding your disability to see if you qualify for a pass. Once we have received the information from your GP we will write to you with a decision as to whether your application has been successful or not. **Please allow approximately 4 weeks** and **remember**, you **only** have to complete an application form if you do not have one of the documents we can accept to support your disability.

| Personal details   |  |                         |                 |             |               |
|--|--|-------------------------|-----------------|-------------|---------------|
| Last Name  |  | First Name              |                 | Title       |               |
| Address  |  |                         |                 |             |               |
|  |  |                         | Postcode        |             | Date of Birth |
| Category of qualification  |  |                         |                 |             |               |
| Blind or Partially Sighted   |  | Refused Driving Licence |                 | Mobility    |               |
| Profoundly or Severely Deaf  |  | Learning Disability     |                 | Use of Arms |               |
| Without Speech   |  |                         |                 |             |               |
| Please give us details of the nature of your disability  |  |                         |                 |             |               |
|  |  |                         |                 |             |               |
|  |  |                         |                 |             |               |
|  |  |                         |                 |             |               |
| GP Details   |  |                         |                 |             |               |
| Name of Doctor   |  |                         | Name of Surgery |             |               |
| Address of Surgery   |  |                         |                 |             |               |
|  |  |                         |                 |             |               |
| Telephone Number of Surgery  |  |                         |                 |             |               |
| Declaration  |  |                         |                 |             |               |
| <ul style="list-style-type: none"> <li>I confirm that the information I am providing you with is true</li> <li>I confirm that I give my permission for you to contact my GP regarding my disability</li> </ul> |  |                         |                 |             |               |
| Print Name   |  |                         | Sign            |             |               |
| Date   |  |                         |                 |             |               |

Stoke-on-Trent City Council processes your personal information in order to process your concessionary travel fare. This authority is under a duty to protect the public funds it administers. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

## CATEGORIES OF DISABILITY

| CATEGORY OF DISABILITY  | PROOF REQUIRED   |
|---|--|
| <p><b>Blind OR partially sighted</b></p>  | <ul style="list-style-type: none"> <li>• BD8 or CVI</li> <li>• Sensory loss registration card or letter</li> <li>• In some cases a letter from a specialist may be accepted but must contain how your medical condition affects you.</li> </ul>  |
| <p><b>Do not have arms or cannot use arms</b><br/>Includes double amputees, those with congenital absence of upper limbs or deformity of both arms, and people who have both arms but are unable to use them for everyday tasks.</p>  | <ul style="list-style-type: none"> <li>• Blue parking badge</li> <li>• In some cases a letter from a specialist may be accepted but must contain how your medical condition affects you.</li> </ul>  |
| <p><b>Severely or profoundly deaf</b><br/>This means that the applicant's hearing level is 70-95 dBLH or 95+ DbLh.</p>  | <ul style="list-style-type: none"> <li>• Sensory loss registration card or letter</li> <li>• In some cases a letter from a specialist may be accepted but must contain how your medical condition affects you.</li> </ul>  |
| <p><b>Have a disability such that your mobility is permanently and substantially impaired</b><br/>Relates to the inability to walk up to 100m without stopping, severe discomfort or help from another person. People who can only walk with excessive labour and at an extremely slow pace or with excessive pain.</p>   | <ul style="list-style-type: none"> <li>• Blue parking badge</li> <li>• Higher rate mobility DLA award letter</li> <li>• Mobility war supplement</li> <li>• Personal Independence payment (PIP) 8 or more points for the category "Moving around"</li> </ul>  |
| <p><b>Have a learning disability</b><br/>The learning disability must have started <b>before adulthood</b> and have a lasting effect on development. This means there is a reduced ability to understand new or complex information, or difficulty in learning new skills or to cope independently.</p>   | <ul style="list-style-type: none"> <li>• Statement of special needs (stating severe learning difficulty)</li> <li>• Letter from social worker stating you are registered with the local authority as having a learning disability.</li> <li>• In some cases a letter from a specialist may be accepted but must contain how your medical condition affects you.</li> </ul> |
| <p><b>Have been, or would be likely to be, refused a driving licence due to a medical condition</b><br/>Refers to the refusal of a driving licence under Section 92 of the Road Traffic Act (1988). Refusal is normally owing to uncontrolled epilepsy, severe mental disorder, a liability to sudden attacks of giddiness or fainting, partial sight, or other disabilities likely to cause the driving of vehicles by that person to be a danger to the public. This does not include conditions relating to persistent misuse of alcohol or drugs.</p> | <ul style="list-style-type: none"> <li>• Letter from the DVLA</li> <li>• In some cases a letter from a specialist may be accepted but must contain how your medical condition affects you.</li> </ul>  |
| <p><b>Unable to communicate orally in any language</b><br/>This definition does NOT include persons whose speech is slow or difficult to understand because of, for example, a severe stammer.</p>  | <ul style="list-style-type: none"> <li>• In some cases a letter from a specialist may be accepted but must contain how your medical condition affects you.</li> <li>• Personal Independence Payment (PIP) 8 points or more for the category "communicating verbally"</li> </ul>  |