

Concessionary Travel Pass

Please note this is NOT the application form for a Senior Travel Pass.

If you are over 60 you may apply for a senior pass at Metro offices in bus stations or in post offices

To apply for Concessionary Travel Pass. Please follow these 3 steps:

1. Please complete the application form, please ensure you highlight the type of pass you are applying for. If you are unable to complete the form or have any difficulties please call the **Freephone Hotline 0800 169 6520** for help.
2. We also require two passport type photographs not more than 2 years old. Print your name and address on the back of each.
3. **Now enclose in the envelope provided:**
 - ✓ The completed application form
 - ✓ Any supporting documentation (failure to do so will delay your application)
 - ✓ Two passport-type photographs

Attach the correct postage and send off.

Providing the criteria are met, a concessionary travel pass will be issued. If you fail to meet the criteria your passport photos will be returned.

Note: Mandatory applications can take up to four weeks to process. Failure to include all of the necessary information will delay your application.

Data Protection. We will use your personal details to give you the best possible service. Some of these may be sensitive. They could include health, ethnic origin or religious beliefs. We may share some or all of them with other council departments, our agents service providers or other third parties. We only do this to help us decide whether to give you our services or if the law says we must. We do not involve any third party unless we are sure they will keep your personal data secure and treat it confidentially. If you are worried about giving us your personal details or about us sharing them with others, please phone our helpline 0800 1696520 during office hours. We will explain what you can do. From time to time we write to ask what you think about our services. If you do not want us to do this, please tell us. Social Services and Health, City of Wakefield Metropolitan District Council.

Please tick as appropriate

Please specify **New Application** **Renewal** **Duplicate**

Which type of pass do you require? Please tick

Disabled (Bearer only) **Blind (Bearer only)**

Do you need a companion pass? **Yes / No** delete as appropriate

Please note that these passes are not designed for help with shopping, etc

You can only request a companion pass:-

if you have severe difficulty in boarding or alighting a bus without help, or as a blind person, you could not take a journey without a companion or that as a person with a learning disability, you could not undertake a public transport journey without supervision

If in doubt, please ring Freephone 0800 169 6520 for advice

PART A Full Name of Applicant

Mr/Mrs/Miss/Ms

Surname / Forename

Address

Post code:

Date of Birth

Telephone Number

What is your disability?:

1. Is your name on a social services register of disabled, deaf or blind persons?

Yes No Don't Know

2. Are you in possession of a Disabled Parking Badge?

Yes No

Part B You **must answer YES** to one of the following questions to qualify for a travel pass

1. Are you registered blind or partially sighted? Yes No

(If Yes Please supply evidence (e.g. BD8) photocopies acceptable.

2. Are you profoundly or severely deaf? Yes No

3. Are you without speech? Yes No

4. Do you receive Mobility allowance or the higher rate of the mobility component of the disability living allowance? Yes No

If Yes Please supply up to date evidence (e.g. an official letter confirming an award of the allowance) photocopies acceptable.

5. Have you a disability or injury which has a substantial and long-term effect on your ability to walk? Yes No

6. Do you receive War Pensioners' mobility supplement? Yes No

If yes Please supply up to date evidence (e.g. an official letter) – photocopies acceptable

Yes No

7. Have you lost the use of both your arms? Yes No

8. Do you have learning disabilities? Yes No

If you have a key worker from Social Services or the Health Services, please ask them to supply a letter to support your application

9. Have you or would you have been refused a driving license on medical grounds? (Other than on the grounds of persistent misuse of drugs or alcohol)

Yes No

10. Is your disability so severe that you require assistance of a companion to use public transport?

Yes No

Part C What is the name and address of your family doctor:

Name Address:

Are you willing for us to contact your doctor to determine the extent of your disability for the purpose of obtaining information to support your application?

Yes No

Part D

Wakefield Metropolitan District Council operates an Equal Opportunities Policy to ensure that people from all sections of the community are treated fairly. Therefore it is important that this section is completed.

Please describe which you feel your ethnic/racial origin is (tick relevant box)

- | | | | | |
|--|--|---|---|--|
| White
<input type="checkbox"/> White British | Mixed
<input type="checkbox"/> White & Black Caribbean | Asian, or Asian
<input type="checkbox"/> Indian | British Black or Black British
<input type="checkbox"/> Caribbean | Other ethnic groups
<input type="checkbox"/> Chinese |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> White & Black Africa | <input type="checkbox"/> Pakistani | <input type="checkbox"/> African | <input type="checkbox"/> Any other ethnic group |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> White & Asian | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Any other Black background | |
| | <input type="checkbox"/> Any other mixed Background | <input type="checkbox"/> Any other Asian background | | |

If other, please give details

Please state which language you speak

Please tell us your religion

Part E I declare that, to the best of my belief, all the statements I have made on this form are true.

Signed	Date:
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Completed forms should be sent to the following address:
The Car Badge Unit, PO Box 208, Pontefract, WF8 1WS

For Office Use Only

GP Advice (Date Sent)	GP Advice (Date Received)
Bus Pass Issued	Bus Pass Serial Number