

Application/Renewal for a National Free Bus Pass on Disability Grounds

For office use only

Applicant ID	Additional	Photo	Address & ID
DWP	CF	CLDT	
Refusal	Review Fail	Review Approved	RFB

A person with a disability that meets one or more of the criteria may be eligible and can apply for a Concessionary Bus Pass. Please tick the appropriate box(s) and provide evidence to support your application. To apply on disability grounds you must be aged five or over. The disability must have lasted at least 12 months, be likely to last 12 months or be of a permanent nature.

We may refuse to issue a Bus Pass if you do not provide adequate evidence that you meet the criteria.

Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity and evidence of eligibility.

Please note applications may take up to 6 weeks to process.

Section 1 Information about you the Bus Pass applicant

If you are completing the form on behalf of a child who is aged 16 years or under, please provide their details in the appropriate sections and sign the form on their behalf.

Title	
First name(s) (in full)	
Surname	
Date of Birth	
National Insurance Number	



Address

Postcode

Home Phone Mobile

Email

Do you currently hold a Bus Pass? Yes No

If yes, which Local Authority issued you with a Bus Pass?

If you currently have a Bus Pass issued by another Local Authority you will need to inform them you have moved and return your Bus Pass to them. You may only be issued with one Bus Pass at a time.

Proof of Your Address

We need to check that you are a resident in this Local Authority area before we can process your application. If you are applying on behalf of a child please provide a proof of residency in the parent/guardian's name.

Please select one of the following options:

I give consent to the Local Authority to check my personal details on the Local Authority's Council Tax database so that I do not need to submit proof of address

Or,

Please supply a photocopy of ONE of the following which is dated within the last three months as proof that you live at the address stated.

- Council Tax bill for the current year only
- Utility Bill
- Mortgage Statement
- Signed Tenancy Agreement
- Solicitors letter of Completion of Sale
- Benefits/Pension Letter
- Latest Payslip from current employer IF name, date and address shown
- Letter from local Council Tax or Benefits Office
- Bank Statement



Photograph

Please provide one recent colour passport-style photograph of you, the Bus Pass applicant, with your name on the back. The photo needs to show the applicant's full face so that the Bus Pass holder can be easily identified and no one else should be in the photograph.

Alternatively this can be emailed to: buspasses@brighton-hove.gov.uk

Please tick here if you are emailing in a photograph

Proof of Your Identity

You must attach a photocopy of one of the following as proof of your identity. This must show your current name.

- Photo style Driving Licence (current or expired)
- Passport (current or expired)
- Marriage/Divorce Certificate
- Civil Partnership/Dissolution Certificate
- Birth/Adoption Certificate – **If your birth certificate does not show your current name you will need to provide a copy of another document listed**
- Change of Name by Deed Poll Certificate

We need to check your identity to reduce the potential for fraudulent applications for a Bus Pass.

**The following sections are to confirm how you qualify for a Bus Pass.
Please complete the relevant section that applies to you then go to
section 4 from page 10.**

Section 2

Please confirm how you qualify for a Bus Pass by ticking the relevant box below.

These questions are intended for people who may qualify automatically.

If none apply please go to Section 3 on page 7.

2a. I am in receipt of the Higher Rate Mobility Component of Disability Living Allowance

Have you been awarded this benefit indefinitely?

Yes

No

If NO, when is your award of this benefit due to end?

You must provide a photocopy of the letter showing entitlement to this benefit issued within the last twelve months or a photocopy of your annual up-rating letter. If you need a new letter please contact the Department for Work and Pensions (DWP) on 03457 123456 Please note that we may also check that you are in receipt of this award with the DWP.

2b. I have been awarded 8-12 points in the 'Moving Around' descriptor of Personal Independence Payment (PIP)

Have you been awarded this benefit for an ongoing period?

Yes

No

If NO, when is your award of this benefit due to end?

If you have ticked that you receive 8-12 points in the 'Moving Around' descriptor of PIP, you must enclose a photocopy of the letter of entitlement to this benefit issued within the last 12 months. This must show the date the letter was issued and the full breakdown of points. If you need a new letter please contact the Department for Work and Pensions (DWP) on 0345 850 3322. Please note we may check you are in receipt of this award with the DWP.

2c. I have been awarded a Blue Badge

Which Local Authority issued you with the Blue Badge?

What is the serial number on the Blue Badge?

What is the expiry date of the Blue Badge?

I give consent for the Local Authority to check the validity of my Blue Badge

2d. I am blind or partially sighted

Are you registered as Severely Sight Impaired (SSI) or Sight Impaired (SI)?

Yes No

If YES, please state which Local Authority you are registered with.

If YES, do you give consent for us to check the Local Authority's register to see whether your disability is already known to the Council?

Yes No

If NO, then please provide a copy of your Certificate of Vision Impairment (CVI)

2e. I am severely or profoundly deaf

People are generally regarded as having a severe hearing loss if it reaches 70-95 dB HL and a profound loss if it reaches 95+ dB HL.

Have you been registered as profoundly or severely deaf?

Yes No

If YES, please state which Local Authority you are registered with.

If YES, do you give consent for us to check the Local Authority's register to see whether your disability is already known to the Council?

Yes No

If NO, then please provide a copy of your Audiological Report.

2f. I am without speech

Included within this category are people who are unable to communicate orally in any language, this would not cover people whose speech may be slow or difficult to understand, for example because of a severe stammer.

If you have been awarded 8-12 points in the 'Communicating Verbally' descriptor of Personal Independence Payment (PIP) please enclose a photocopy of the letter of entitlement to this benefit issued within the last 12 months. This must show the date the letter was issued and the full breakdown of points. If you need a new letter please contact the Department for Work and Pensions (DWP) on 0345 850 3322. Please note we may check you are in receipt of this award with the DWP.

Alternatively, if you do not receive this award, please answer the following questions:

Are you registered as being without speech?

Yes No

If YES, please state which Local Authority you are registered with.

If YES, do you give consent for us to check the Local Authority's register to see whether your disability is already known to the Council?

Yes No

If NO, then please provide independent verification from a medical professional.

2g. I am in receipt of the War Pensioner's Mobility Supplement

If you are in receipt of the War Pensioner's Mobility Supplement you must enclose a photocopy of the letter of entitlement to this benefit dated within the last 12 months. You should have an award letter from the Service Personnel and Veterans Agency (SPVA). If you have lost this letter, then the SPVA can be contacted via the free phone enquiry number: 0800 169 22 77.

2h. I receive a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme

This must be within tariff levels 1 – 8 (inclusive) and you must have been certified by the SPVA as having a permanent and substantial disability which causes inability to walk or very considerable difficulty walking. You must enclose a copy of the letter as proof of entitlement. If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.

Section 3

If you do not qualify under any of the statements in Section 2 but you have a condition/disability that will last longer than 12 months or is permanent, then please tick and complete the statement that is most relevant to yourself:

If you answered YES to any of the questions in section 2 then please go to section 4 on page 10.

3a. I have a disability or have suffered an injury which has a substantial and long-term adverse effect on my ability to walk

Please describe any medical conditions / disabilities which affect your walking.

Please provide recent independent verification of your disability or condition from a medical professional.

You will be required to undertake an eligibility assessment with a healthcare professional that is independent of your existing care and treatment, in order to determine your eligibility for a Bus Pass. We will write to you by post to offer you an appointment.

3b. I have a learning disability, that is a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning

Are you registered with the Community Learning Disability Team?

Yes No

If YES, please state which Local Authority you are registered with.

If YES, do you give consent for us to check the Local Authority's register to see whether your disability is already known to the Council?

Yes No

If NO, then please provide independent evidence of your learning disability from a medical professional. If you have had an IQ test, please provide evidence of your score.

3c. I would be refused a licence due to a mental health condition

Please tick here to confirm you do not hold a provisional or full drivers licence.

Do you give consent for us to check the Local Authority's register to see whether your mental health condition is already known to the Council?

Yes

No

Please provide a letter from a medical professional outlining the nature of your condition. This must state if your condition is permanent or temporary and how long it would exclude you from being able to hold a driving licence.

Please note this cannot be on the grounds of persistent misuse of drugs or alcohol.

If you currently hold a driving licence and you do not meet the required standards for driving because of your mental health condition you must inform the DVLA. If they advise you to surrender your driving licence, please send us a copy of your letter from the DVLA to enable us to issue you with a Bus Pass.

3d. I would be refused a licence due to a physical health condition

Included within this category may be people who:

- Have epilepsy and experienced a seizure within the last 12 months
- Have insulin dependent diabetes that prevents them from driving
- Are liable to sudden attacks of giddiness or fainting.
- Have an inability to read a registration plate in good light at 20.5 metres (with lenses if worn)

Please note this list is not comprehensive and any person with a cardiac, locomotor, renal or neurological disorder might qualify. The ban from driving is not automatic and depends on the circumstances.

Please tick here to confirm you do not hold a provisional or full drivers licence.

Please provide a letter from a medical professional outlining the nature of your condition. This must state if your condition is permanent or temporary and how long it would exclude you from being able to hold a driving licence.

Please note this cannot be on the grounds of persistent misuse of drugs or alcohol.

If you currently hold a driving licence and you do not meet the required standards for driving because of your medical condition you must inform the DVLA. If they advise you to surrender your driving licence, please send us a copy of your letter from the DVLA to enable us to issue you with a Bus Pass.



3e. I do not have arms/I have long-term loss of the use of both arms

This category includes people with:

- A limb reduction deficiency of both arms
- Bilateral upper limb amputation
- Muscular dystrophy
- Spinal cord injury
- Motor neurone disease or a condition of comparable severity.

Please note this list is not exhaustive.

Do you give consent for us to check the Local Authority's register to see whether your disability is already known to the Council?

Yes

No

Please describe any medical conditions / disabilities which affect the use of your arms.

Please provide recent independent verification of your disability or condition from a medical professional outlining how it affects your ability to carry out day-to-day tasks.

Section 4

Further information, declarations and signature

4a. Further information

Please include additional sheets if there is any further information you wish to provide which you feel is relevant to support your Bus Pass application.

4b. Mandatory declarations about the information you have provided and the application process

I confirm that, as far as I know, the details I have provided are complete and accurate. I realise you may take action against me if I have provided false information in this application form.

I confirm that the photograph I have submitted with my application is a true likeness.

I confirm that I do not currently hold a Bus Pass that has been issued by a different Local Authority.

I understand that I must promptly inform my local issuing authority of any changes that affect my entitlement to a Bus Pass.

I understand that you will deal with all documents relating to this application in line with the Data Protection Act 1998, and you may share them with other Local Authorities, Revenue Protection Officers and the Police to detect and prevent fraud.

I understand that the medical information I have supplied to support this application is deemed to be “sensitive personal data” and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Concessionary Travel scheme and other Government Departments or agencies, to validate proof of entitlement.

I agree to the Local Authority contacting an accredited healthcare professional if necessary, for the purpose of obtaining further information in support of my application.

I understand that I may be required to undertake a mobility assessment with a healthcare professional that is independent of my existing care and treatment, in order to determine my eligibility for a Bus Pass.

I agree that, if my application is successful, I will not allow any other person to use the Bus Pass for their benefit and I agree that I will use the Bus Pass in accordance with the rules of the scheme.

I understand that my data may be shared with the credit reference agency TransUnion in order to check my identity. Their full privacy notice is available online at: <https://www.transunion.co.uk/legal-information/bureau-privacy-notice>. We can provide paper copies of this on request.



4c. Optional declarations about the information you have provided and the application process

Please read and tick the following optional declarations that you consent to. Ticking these boxes will help to improve the service we can offer you.

I consent to the Local Authority checking any information already held by the Council or with outside agencies on the basis that

- It can help determine my eligibility for a Bus Pass
- It may speed up the processing of my application
- It may enable a decision to be made without the need for a mobility assessment

I agree to the disclosure of the information included in this form to other Council departments/service providers so that I can be informed about other Council services that may be of benefit to me.

4d. Checklist of documents you may need to enclose

Please ensure you have enclosed all of the relevant documents for the sections of this application form you have completed.

Proof of your address or consent to check the Local Authority's database

A photocopy of your proof of identity

One recent passport style photograph of yourself with your name on the back

Documentation supporting your application on the grounds of which you are applying.

4e. Your signature against the declarations in sections 4b and 4c

Your signature:*

Date of application:

DD/MM/YYYY

*If you are signing on behalf of an adult, please provide proof you are able to do so e.g. a power of attorney

Print your name here

Did anyone help you fill in this form? If you are happy for us to contact them with any further questions please provide their details here:

Name

Phone Number

Relationship

Please return this form to:

Concessionary Travel Team
G39
Hove Town Hall
Norton Road
Hove
BN3 3BQ

Email: buspasses@brighton-hove.gov.uk
Phone: 01273 291924
Website: www.brighton-hove.gov.uk

Translation? Tick this box and take to any council office.

ترجمة؟ ضع علامة في المربع وخذها إلى مكتب البلدية. Arabic

অনুবাদ? বক্সে টিক চিহ্ন দিয়ে কাউন্সিল অফিসে নিয়ে যান। Bengali

需要翻譯? 請在這方格內加剔, 並送回任何市議會的辦事處。Cantonese

ترجمه؟ لطفاً این مربع را علامتگذاری نموده و آن را به هر یک از دفاتر شهرداری ارائه نمایید. Farsi

Traduction? Veuillez cocher la case et apporter au council. French

需要翻译? 请在这方格内划勾, 并送回任何市议会的办事处。Mandarin

Tłumaczenie? Zaznacz to okienko i zwróć do któregoś z biura samorządu lokalnego (council office). Polish

Tradução? Coloque um visto na quadrícula e leve a uma qualquer repartição de poder local (council office). Portuguese

Tercümesi için kareyi işaretleyiniz ve bir semt belediye burosuna veriniz Turkish

other (please state)

This can also be made available in large print, Braille, or on CD or audio tape

For office use only

Received on	Date of issue	Start date	Expiry date