

Concessionary Travel

Existing bus pass holders

Application for companion (+1) add on



About the applicant

Title	Mr / Ms / Mrs / Miss / Mx / Other _____		
First Name		Phone number	
Surname		Mobile number	
Date of Birth		Postcode	
Nat. Insurance Number (if over 18)		Personal email address*	

* Email address should be unique – you should not use a shared email address for your bus pass.

About your bus pass – please tick where appropriate.

If you don't already have a Warwickshire bus pass then you will need to complete an application for either an older person's bus pass or a disabled person's bus pass.

	I have a bus pass. The bus pass number is 633597 0214 _ _ _ _ _
	I already have a bus pass, but I don't know the number

What is the reason you qualify for a companion (+1) pass?

	1. I am registered severely sight impaired (blind), or entitled to be registered
	2. I need 24 hour care
	3. I have a physically disability which means I am unable to get on or off the bus without the assistance of another person

Evidence that you qualify for a companion (+1) pass

What evidence are you supplying to show your entitlement?.	Reason
CVI or BD8	1
Registration card : severely sight impaired (blind)	1
CT-COMP2 evidence form	2
DLA Higher Rate Care Component, dated within the last 12 months	2
Higher Rate Attendance Allowance, dated within the last 12 months	2
PIP: Enhanced Rate Daily Living, plus 12 points for 'Planning and following a journey', dated within the last 12 months	2
PIP: Enhanced Rate Daily Living, including 8 + points for 'Communicating', dated within the last 12 months	2
PIP: Enhanced Rate Daily Living, including 8 + points for 'Reading and Understanding signs', dated within the last 12 months	2
CT-COMP3 evidence form	3

Part 5 : Declaration

To be signed by the applicant, or by their representative if they are unable to sign for themselves

By submitting this form I agree that

- I am applying for the companion (+1) add-on for my concessionary bus pass
- I understand that my carer has no right to use the pass without me and will not get a pass of their own
- I understand that if my pass is misused by my carer then it will be withdrawn

Signature of applicant	Date
------------------------	------

If the applicant cannot sign for themselves, their representative should sign below

Signature	Name of person signing
-----------	------------------------

Relationship to applicant. or authority to act for them

Please do not send originals of your evidence as we cannot accept responsibility for the safe return of any documents that are sent to us.

Please send the form to us at:

WCC Concessionary Travel

The Post room, Rear of Shire Hall, Warwick, CV34 5RL

Telephone enquiries: (01926) 359180 Monday to Friday 9am – 4.30pm

Email enquiries ct@warwickshire.gov.uk

Privacy Statement

This service administers the Concessionary Travel scheme in Warwickshire. Our valid lawful basis for processing personal data is a legal obligation.

To see how we use your personal data and what your information rights are, please read our Concessionary Travel privacy notice. It should be read in addition to the council's overall customer privacy notice at www.warwickshire.gov.uk/privacy which includes the contact details if you have a complaint about your information rights. For general enquiries contact Warwickshire County Council customer services on 01926 410410.

FRAUDULENT USE OF YOUR PASS MAY RESULT IN PROSECUTION