

Concessionary Travel CT-COMP2

Companion (+1) add-on :
Supervised at all times

**EVIDENCE
FORM**

Part 1 : About the applicant

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

* Email address should be unique – you should not use a shared email address for your bus pass.
We may use your email address to contact you about your bus pass e.g. when it is due to be renewed

Bus pass details (where known) – please indicate which applies with X

<input type="checkbox"/>	Bus pass holder - the bus pass number is 633597 0214 _____
<input type="checkbox"/>	Bus pass holder - the bus pass number is not known.
<input type="checkbox"/>	This form is being submitted with a new application

Part 2 : Information for the person completing the form

The person named above (“the applicant”) is applying to Warwickshire County Council for a pass that allows a carer to travel with them free of charge when they use their bus pass. (a +1 pass)

Policy states that a +1 pass when **a passholder needs to be accompanied or supervised at all times due to their disability** i.e. they need 24 hour care or support.

Parts 3-5 of this form should be completed by someone who is in a position of authority and who is involved with the care of the applicant (e.g. medical professional, social worker, care home manager). Evidence provided by family members or directly employed carers will not be accepted.

Please answer to the best of your professional knowledge and judgement. If you are unable to provide the information, then please indicate this.

It is up to the applicant to demonstrate they qualify for a bus pass. We have provided this form to help them obtain information about their eligibility. Any costs will be borne by the applicant. A completed form does not guarantee a bus pass will be issued.

If you are able to assist the applicant with this information, then we would be very grateful.

Please sign in the boxes in Part 3 & Part 4.

Forms which are ticked or initialled will not be accepted.

This is because this demonstrates that the form has not been read by the person completing it.

We do not accept electronic signatures. However, the form can be scanned in, once signed, and submitted electronically.

Part 3 : About the applicant's disability

To be completed by a manager at a care organisation working with the passholder

Forms are not accepted where they are completed by the carer working directly with the applicant

Please briefly describe the applicant's disability, or disabilities.

Please describe the care provided by your organisation.

↓ Sign the boxes below to indicate which of the following apply to the applicant

Forms which are ticked or initialled will be rejected.

	They need 24-hour care, with one or more carers present
	They can be alone in a room, but could not live alone or be left alone for long periods of time
	They can live alone, with visits from carers or family members from time to time
	There are some times when they would need to be supervised or accompanied, but this is not necessary all the time.
	None of the above apply to the applicant
	Please add any other information which you believe is relevant to their application – N.B. we cannot take account of financial circumstances or need. (←← A signature is also needed here if you complete this box)

Part 4 : Duration

To be completed by the same care professional as Part 3 above

Forms are not accepted where they are completed by the carer working directly with the applicant

↓ Sign the boxes below to indicate which of the following apply to the applicant

Forms which are ticked or initialled will be rejected

	Their condition is temporary (e.g. due to surgery) or a short term condition lasting less than twelve months.
	Their condition is treatable/potentially treatable, which means they may be able to manage alone at some point in the future - likely duration more than one year
	Their condition is treatable/potentially treatable, which means they may be able to manage alone at some point in the future - likely duration more than three years
	Their condition is treatable/potentially treatable, which means they may be able to manage alone at some point in the future - likely duration more than five years
	Their condition is lifelong , or degenerative, and will not improve.

Part 5 : Declaration

Forms are not accepted where they are completed by the carer working directly with the applicant.

By submitting this form, I confirm that

- The applicant or their representative has given consent for this information to be shared.
- All the information is true and accurate.
- It is my signature in the boxes in part 3 above

Signature of senior member of staff completing this form

Date signed

Name, and job title/position

Official stamp,
or Employer name and address

Contact telephone number or email

Returning the form

You are advised to keep a copy of this form.

The form should be sent to the following address - please mark it CONFIDENTIAL.

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

N.B. Forms can only be accepted where the senior member of staff completing the form has **signed** the boxes in Part 3 and Part 4.

Forms where the boxes have been ticked, or initialled, or where the signatures in Part 3 and Part 4 do not match, will be rejected.

A completed form does not guarantee the issue of a bus pass.

If the applicant is not already a passholder, then a completed application is also required.

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 A CONCESSIONARY BUS PASS MAY RESULT IN PROSECUTION