

Concessionary Travel

Bus pass application – Older person's pass

For people who have not previously held a Warwickshire bus pass



Part 1. About the applicant

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

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

Part 2. Photograph

A passport style photograph must be supplied with your application.

- Passport sized (approx. 45mm tall x 35mm wide)
- Printed on photographic paper
- Colour, ideally against a plain background
- Show a close up of your full head and shoulders
- Tick below to confirm that a suitable photo is enclosed
- You must make sure that no other person appears in the photo background.
- You should not be wearing a hat or sunglasses.

☐ I have enclosed a suitable photo

Part 3. Can we send an email reminder when your pass expires?

Tick against your answer.

<input type="checkbox"/>	Yes – use the email address given above
<input type="checkbox"/>	No – don't send me an email reminder before my pass expires
<input type="checkbox"/>	I don't have my own personal email address

Part 4. Do you qualify (and want to apply) for the companion (+1) add-on?

Tick against the Reason which applies to you

<input type="checkbox"/>	None of the Reasons apply to me (or I do not want to apply)
<input type="checkbox"/>	Reason 1. I am registered severely sight impaired (blind)
<input type="checkbox"/>	Reason 2. I need to be accompanied or supervised by a carer 24 hours a day
<input type="checkbox"/>	Reason 3. I have a physical disability which means I am unable to get on or off the bus without the assistance of another person

Part 5. Evidence to support your application

Date of birth (DoB) - please supply ONE document

Tick below against the evidence you have included

<input type="checkbox"/>	Passport (valid or expired) provided it is in the same name
<input type="checkbox"/>	Driving licence (provided DoB is clearly shown)
<input type="checkbox"/>	Birth Certificate in current name
<input type="checkbox"/>	Birth Certificate plus proof of name change
<input type="checkbox"/>	NHS Letter or Prescription which shows DoB (provided NHS docs are not used for Address)
<input type="checkbox"/>	Non-UK National Identity Card
<input type="checkbox"/>	Marriage/Civil Partnership Certificate if DoB is shown

Address - please supply ONE document, which must be dated within the last 12 months. This must be a different document to your DoB evidence above.

Tick below against the evidence you have included

<input type="checkbox"/>	Council tax bill (current tax year)	<input type="checkbox"/>
<input type="checkbox"/>	Utility bill in your name (gas, electricity, water) - dated within last 12 months	<input type="checkbox"/>
<input type="checkbox"/>	Personal landline telephone bill	<input type="checkbox"/>
<input type="checkbox"/>	Rent receipt/tenancy agreement - from Council, Housing association or Letting Agency - dated within last 12 months	<input type="checkbox"/>
<input type="checkbox"/>	NHS Letter or Prescription which shows address (provided NHS docs are not used for date of birth) - dated within last 12 months	<input type="checkbox"/>
<input type="checkbox"/>	Letter from DWP which includes National Insurance Number - dated within last 12 months	<input type="checkbox"/>
<input type="checkbox"/>	Housing benefit/council tax letter benefit - property address matches postal address - dated within last 12 months	<input type="checkbox"/>
<input type="checkbox"/>	Personal tax letter from HMRC which includes National Insurance Number - dated within last 12 months	<input type="checkbox"/>
<input type="checkbox"/>	Letter from The Pension Service at DWP - dated within last 12 months	<input type="checkbox"/>
<input type="checkbox"/>	Letter from The Probation Service - dated within last 12 months	<input type="checkbox"/>
<input type="checkbox"/>	Letter from JobcentrePlus - dated within last 12 months	<input type="checkbox"/>
<input type="checkbox"/>	Current mooring licence - dated within last 12 months	<input type="checkbox"/>

Companion (+1) add-on

<input type="checkbox"/>	I am not applying for the companion (+1) add on – Please go to Part 6 below
<input type="checkbox"/>	I am applying for the companion (+1) add on - please supply ONE document from the following lists and tick to show which you included

Reason 1 - Evidence that you are registered severely sight impaired (blind)

1	Registration card - severely sight impaired (blind) or sight impaired (partially sighted)
1	Certificate of Visual Impairment (CVI) or BD8 Form
1	Warwickshire Vision Support registration number – please give it here Number _____ Date of Registration _____

Reason 2 - Evidence that you need to be accompanied or supervised by a carer 24 hours a day

2	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

Reason 3 - Evidence you have a physical disability which means you are unable to get on or off the bus without the assistance of another person

3	CT-COMP3 evidence form
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Part 6 : 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 wish to apply for a Warwickshire concessionary person's bus pass.
- I declare that the information provided in this form is true and accurate.
- I will abide by the terms and conditions of the scheme (copy available on request).
- The Council may check the information against other sources to verify the application.
- The pass is solely for my use. Misuse may result in prosecution and the pass will be withdrawn.
- (If applicable) I understand that the companion (+1) add-on has been provided at the discretion of WCC. I also understand that my carer has no right to use the pass without me and will not get a pass of their own

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

Signature	Name of person signing
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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