

## **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	<pre>/ Other</pre>				
First Name			Address				
Surname							
Date of Birth							
National Insurance Number (if known)							
Phone number							
Mobile number			Postcode				
Personal email address*							
* Email	* Email address should be unique – you should not use a shared email address for your bus pass.						
* The address needs to be unique – you should not use a shared email address.							
If you have your own unique email address then; • we will email you when your pass is posted If two people try to use same amail address then;				If two people try to use the			
	•	ou a reminder when your pa		expire	same email address, then		
		nail it to contact you instead		· · –	this can cause problems with both bus passes.		
• )	/ou can get an	online account to manage	your bus pase	6			
PI	Please send an email when my pass is due to expire						
١c	I do not wish to receive a reminder email when my pass is due to expire						
I do not have my own personal email address							
Part 2. Photograph A passport style photograph must be supplied with your application.							
Passport sized (approx. 45mm tall x 35mm wide)				You must make sure that no other person			
	ted on photogi	· · · ·			photo background.		
		ainst a plain background If your full head and shoulde	ers • You	I should not	be wearing a hat or sunglasses.		
Mark X below to confirm that a suitable photo is enclosed							
11	have enclose	d a suitable photo					
<b>Part 3.</b> Do you qualify (and want to apply) for the companion (+1) add-on? Mark X against the Reason which applies to you							
	None of the Reasons apply to me (or I do not want to apply)						
F	Reason 1.	am registered severely sight impaired (blind)					
F	Reason 2. I need to be accompanied or supervised by a carer 24 hours a day						
F	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						



Applicant name:

## Part 5. Evidence to support your application

#### **Date of birth (DoB)** - please supply ONE document Mark X below against the evidence you have included

Passport (valid or expired) provided it is in the same name

Driving licence (provided DoB is clearly shown)

Birth Certificate in current name

Birth Certificate plus proof of name change

NHS Letter or Prescription which shows DoB (provided NHS docs are not used for Address)

Non-UK National Identity Card

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. *Mark X below against the evidence you have included* 

Council tax bill (current tax year)

Utility bill in your name (gas, electricity, water) - dated within last 12 months

Personal landline telephone bill

Rent receipt/tenancy agreement - from Council, Housing association or Letting Agency - dated within last 12 months

NHS Letter or Prescription which shows address (provided NHS docs are not used for date of birth) - dated within last 12 months

Letter from DWP which includes National Insurance Number - dated within last 12 months

Housing benefit/council tax letter benefit - property address matches postal address - dated within last 12 months

Personal tax letter from HMRC which includes National Insurance Number - dated within last 12 months

Letter from The Pension Service at DWP - dated within last 12 months

Letter from The Probation Service - dated within last 12 months

Letter from JobcentrePlus - dated within last 12 months

Current mooring licence - dated within last 12 months

### Companion (+1) add-on

I am not applying for the companion (+1) add on - Please go to Part 6 below

I am applying for the companion (+1) add on - please supply ONE document from the following lists and mark X to show which you included



Applicant name:

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		
Warwickshire Vision Support registration number – please give it he		Warwickshire Vision Support registration number – please give it here		
	I	Number Date of Registration		
Rea	ason	2 - Evidence that you need to be accompanied or supervised by a carer 24 hours a day		
Rea	ason 2			
Rea		2 - Evidence that you need to be accompanied or supervised by a carer 24 hours a day		

# 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

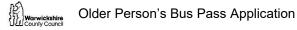
### Part 6 : Declaration

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			
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 the	€			



Applicant name:

**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) 359180Monday 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