

Concessionary Travel CT- D1

Ability to walk

This form must be completed by a medical professional involved with the care of the applicant.

**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 medical professional

The person named above (“the applicant”) is applying to Warwickshire County Council for a Disabled Person’s Bus Pass on the basis that they have a **long term and substantial disability that means they cannot walk or which makes walking very difficult** i.e. people who can only walk with excessive labour and at an extremely slow pace, or with excessive pain.

The qualifying criteria states;

“(d) has a disability, or has suffered an injury, which has a substantial and long-term adverse effect on his ability to walk”

Parts 3 and 4 relate to how far the applicant can walk without experiencing severe discomfort.

‘Severe discomfort’ can mean either severe pain or severe breathlessness. Extreme fatigue and stress may also be taken into account. It has been accepted that discomfort is subjective and that some people have higher pain thresholds than others.

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 show that they qualify for a bus pass, and we have provided this form to help obtain information about their eligibility. Information provided about the level of someone’s disability can help us assess their eligibility for a bus pass, but completion of this form does not guarantee a pass will be issued. Any costs will be borne by the applicant.

If you have the applicant’s consent and can assist with this information, then we would be 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 ability to walk

Must be completed only by a medical professional

N.B. If Part 3 is ticked
it will be rejected.

Briefly describe the applicant's disability or medical condition which affects their ability to walk.

↓ **Sign the boxes below** to indicate which of the following apply to the applicant.
Forms which are ticked or initialled will be rejected

About the disability

	Is unable to walk
	Can only walk with the use of crutches
	Walks less than 25 metres before experiencing severe discomfort
	Walks less than 64 metres before experiencing severe discomfort, but more than 25 metres
	Walks less than 100 metres before experiencing severe discomfort, but more than 64 metres
	Cannot say how far the applicant can walk without experiencing severe discomfort
	Walks excessively slowly e.g. takes 5 minutes to walk 100 metres
	The exertion required to walk would constitute a danger to their life
	The exertion required to walk is likely to lead to serious deterioration in their health.
	Can walk without pain if medication is taken
	Can walk relatively normally with the aid of an artificial leg
	None of the above apply to the applicant
	Any other information which you believe may be relevant: Please give details; (←← A signature is also needed here if you complete this box)

Part 4 : Expected duration

To be completed only by the medical professional

N.B. If Part 4 is ticked
it will be rejected.

↓ **Sign the boxes below** to indicate how long the applicant's condition is likely to last

	Less than 12 months in total e.g. recovery from surgery
	Longer than one year
	Longer than three years
	Longer than five years
	The applicant's condition is permanent

Part 5 : Declaration

To be completed by the same medical professional as in Part 3 and Part 4 above.

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 and Part 4 above

Signature of medical professional

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

We do accept scanned forms sent via email but information sent by email is not secure.

N.B. Forms can only be accepted where the Medical Professional has signed the boxes in Part 3, Part 4, and Part 5.

Forms where the boxes have been ticked, or initialled, or where the signatures in Parts 3, 4 and 5 do not match, will be rejected.

A completed form does not guarantee that a bus pass will be issued.

This is not an application form. You will also need to make an application for a new pass or request a renewal - as well as providing this completed form.

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 A CONCESSIONARY BUS PASS MAY RESULT IN PROSECUTION