

Concessionary Travel CT- F1

Learning Disability – medical confirmation

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 learning disability, as defined in the Transport Act 2000. The qualifying criteria states;

"(f) has a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning"

This form asks for information about the applicant's disability. The Department of Health adopted the term 'learning disability' in 1992. It has the same meaning as its predecessor 'mental handicap'.

Part 3 and Part 4 of this form should be completed by a medical professional who is involved with the care of the applicant.

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 support 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 disability

To be completed only by the medical professional

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

Please briefly describe the applicant's disability

If the applicant's medical notes contain a formal diagnosis of an intellectual/learning disability using an ICD codes, please tell us that code. e.g. F72 or 6A00.1

↓ **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

	Intelligence is normal, near normal, or above normal (with an IQ of 70 or above)
	Intelligence is significantly impaired, generally with an IQ of less than 70 <i>i.e. significantly reduced intellectual functioning, a reduced ability to understand new or complex information, and a difficulty in learning new skills</i>
	Significant impairment of social functioning <i>i.e. significantly reduced ability to deal with everyday things such as managing their own personal care, understanding rules, telling the time, or handling money.</i>
	Social functioning is normal or near normal
	Mental health problems
	Would be refused a driving licence on medical grounds because of the nature of their learning disability
	Their learning disability would not medically prevent them holding a driving licence
	Disability started in childhood
	None of the above apply to the applicant

About the care needed because of their learning disability

	They need 24-hour care, with one or more carers present or nearby
	They can live alone, with visits from carers or family members from time to time
	There are 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
	I do not have enough information to answer this
	Please tell us anything else you think is relevant – N.B. we cannot take account of financial circumstances or need. (←← A signature is also needed here if you complete this box)

Part 4 : Declaration

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

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