

# Concessionary Travel Pass Evidence Form

## Learning Disability

### Form CT – F1



#### Part 1 : To be filled in by the applicant or the applicant's main carer

##### Details of the applicant

Title : Mr/Ms/Mrs/Miss/Mx * <i>Delete as appropriate</i>	Other Title :
Surname :	First Name :
Address :	Date of Birth :
	Tel No :
	Mobile Tel No:
Post code	Email :
Do you receive support from Warwickshire County Council?	Yes / No
If Yes, please tell us the name of your social worker.	
Do you receive support from another organisation e.g. Mencap, Way Ahead?	Yes / No

##### Declaration of authority

I authorise the medical professional named in Part 5 below to disclose medical information relating to my disability.

Signature of applicant	Date
Signed by carer/support worker on behalf of applicant (if unable to complete the form independently)	Relationship to applicant Parent / carer / support worker / Other (please say what):

#### Part 2 : Details of carer or support worker

Name of carer or support worker	
Organisation (if applicable)	
Contact address (incl. postcode)	
Contact phone number	
Contact email	

### Part 3 : Information for the medical professional

Dear 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'.

**Please answer to the best of your professional knowledge and judgement.**

It is up to the applicant to demonstrate that they qualify for a bus pass, and we have provided this form to help them obtain information about their eligibility under this criteria. However, any costs will be borne by the applicant.

If you are able to complete the form overleaf on behalf of the applicant then we would be very grateful.

**Please initial the boxes in Part 4. Forms which are just ticked will not be accepted.**

### Part 4 : Eligibility for a bus pass because of a learning disability

**To be completed only by the medical professional.**

↓ Please **initial** against all the statements which apply to the applicant

	Formal diagnosis with ICD code F70 or F71 or F71 or F73 (for intellectual disability) - a copy must be attached
	Intelligence is normal, near normal, or above normal (with an IQ of 70 or above)
	Intelligence is significantly impaired - i.e. significantly reduced ability to understand new or complex information, (with an IQ of less than 70)
	Social functioning is normal or near normal
	Significant impairment of social functioning - i.e. significantly reduced ability to cope independently and may need support to carry out some everyday tasks
	Mental health problems (but no learning disability)
	Disability started in childhood
	None of the above apply to the applicant
	Any other information which is relevant to the applicant's eligibility:

### Part 5: Declaration – To be completed by the Medical Professional

- I confirm that the information provided in parts 3 and 4 above is current and correct.
- I have **initialled** the boxes in Parts 3 and 4 (above) myself.

Signature of Medical Professional

Date

Contact telephone number

Official Stamp

Name and Position (please use capitals)

## Returning the form

N.B. Forms can only be accepted where the Medical Professional has **initialled** the boxes in Part 4.

Forms where the boxes have only been ticked will be rejected.

***The form should be sent to the Concessionary Travel Team - please mark it CONFIDENTIAL.***  
You are advised to keep a copy of this form

***Please send the form to us at:***

Concessionary Travel Team  
WCC Communities Group  
P.O. Box 43, Shire Hall, Warwick CV34 4SX

***or take it into your nearest WCC Library:***

**Telephone enquiries: (01926) 359180**  
Monday to Friday 8am – 6.30pm

### 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](http://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**