

Concessionary Travel CT-G1

Refused a driving licence for medical reasons

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 No. (if known) | | Postcode | |
| Personal email address* | | | |

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

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, but do not know the bus pass number |
| <input type="checkbox"/> | This form is being submitted with a new application |

Part 2 : Information for the medical professional completing the form

The person named above ("the applicant") is applying to Warwickshire County Council for a Disabled Person's Bus Pass on the basis that they would be **refused a driving licence on medical grounds**. The qualifying criteria states;

"(g) would, if he applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, have his application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the ground of persistent misuse of drugs or alcohol."

Parts 3 and 4 overleaf relate to whether or not someone would be refused a driving licence on medical grounds.

Please answer to the best of your professional knowledge and judgement, based on their current situation. 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 and Part 5.

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

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

To be completed only by a medical professional

↓ **Sign the boxes below** *to indicate which of the following apply to the applicant*

| | |
|--|---|
| | Epilepsy – currently uncontrolled - driving licence would be refused or revoked. |
| | Epilepsy which is controlled – would be permitted to hold a driving licence |
| | Severe mental disorder - driving licence would be refused or revoked. |
| | Severe mental disorder but could keep their driving licence (if they hold one) |
| | Would be refused a driving licence because of a learning disability |
| | Liable to sudden attacks of giddiness or fainting |
| | Unable to read a registration plate in good light at 20.5 meters (with lenses if worn) |
| | Diabetes – current lack of blood sugar control would prevent them holding a driving licence. |
| | Advised not to drive because of the side effects of medication - could keep their driving licence (if they hold one) |
| | Advised not to drive because of the side effects of medication - would have their licence revoked by the DVLA because of this (if they hold one) |
| | Currently holds a driving licence (provisional or full) and has not been advised to surrender their licence. |
| | Ineligible to hold a driving licence solely because of the persistent misuse of alcohol or drugs and for no other reason |
| | None of the above apply to the applicant |
| | Another disability which would result in refusal of a driving licence. Please give details; (←← A signature is also needed here if you complete this box) |

Part 4 : Duration

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

To be completed only by a medical professional

↓ **Sign the boxes below**
to indicate the length the applicant's condition is expected to last

| | |
|--|---|
| | Less than 12 months in total e.g. recovery from surgery |
| | More than one year |
| | More than two years |
| | More than five years |
| | Applicant is unlikely to ever be eligible to hold a driving licence on medical grounds. |

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.

| | |
|-----------------------------------|---|
| Signature of medical professional | Date |
| Name of person signing the form | Official stamp (or employer name and address) |
| Job title/job role | |

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 YOUR PASS MAY RESULT IN PROSECUTION