

Concessionary Travel Pass Evidence Form

Unable to drive on medical grounds

Form CT – G1



Part 1 : To be filled in by 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 :

Declaration of authority

I authorise the medical professional named below to disclose medical information relating to my ability to hold a driving licence.

Signature of applicant	Date
Signed on behalf of applicant (if unable to complete the form independently)	Relationship to applicant and authority to sign on their behalf

Part 2 : 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 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."

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.

They need not have ever applied for a driving licence. However, if they do currently hold a driving licence then they would not be eligible for a bus pass.

Please initial the boxes in Part 3 & Part 4. Forms which are just ticked will not be accepted.

Part 3 : Medical grounds for refusal of a driving licence.	
↓ <i>To be completed only by the medical professional. - do not tick!</i>	
Initial in the box to indicate which of the following apply to the applicant	
	Epilepsy – current experience of seizures means a driving licence would be refused or revoked.
	Epilepsy which is controlled – would be permitted to hold a driving licence
	Severe mental disorder - would preclude them from holding a driving licence
	Severe mental disorder – could keep their driving licence (if they hold one)
	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 experience of hypoglycaemia would prevent 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
	Another disability which is likely to cause driving a vehicle by them to be a danger to the public and which would result in refusal of a driving licence. Please give details;
	None of the above apply to the applicant

Part 4 : Duration of Disability	
↓ Initial in the box to indicate how long the applicant's condition is likely to last	
	Less than 12 months e.g. recovery from surgery
	12 months to two years
	More than two years
	The applicant is unlikely to ever be eligible to hold a driving licence on medical grounds.

Part 5: Declaration – To be completed by the Medical Professional	
<ul style="list-style-type: none"> 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 3 and 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
Shire Hall
Warwick
CV34 4RL

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 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