

Concessionary Travel Pass Evidence Form

Without speech

Form CT – C1



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 disability.

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 are without speech**

The qualifying criteria states;

"(c) is without speech". This is clarified further by guidance and eligibility is linked to an applicant's ability to make basic oral requests.

Parts 3 and 4 overleaf ask about the applicant's ability to communicate using speech.

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 3 & Part 4. Forms which are just ticked will not be accepted.

Part 3 : Eligibility for a bus pass on mobility grounds

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

Initial in the box to indicate which of the following apply to the applicant

	Unable to communicate orally in any language
	Can speak in a language other than English
	Has slow or difficult speech e.g. stammer
	None of the above apply to the applicant
	Any other information which you believe may be relevant:

Part 4 : Duration of Disability

↓ **Initial** to indicate how long the applicant's condition is likely to last

	Less than 12 months e.g. recovery from surgery
	Between 12 months and three years
	Three years or longer
	The applicant's condition is permanent

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)	

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.

Returning the form

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 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