



Concessionary Travel Pass Evidence Form

Loss of use of both arms

Form CT – E1

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

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 arms or without the use of their arms.**

The qualifying criteria states;

"(e) does not have arms or has the long term loss of use of both arms"

Questions relate to the loss of use of arms for carrying out everyday tasks e.g. handling money to pay a fare.

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

Part 3 : To be completed only by the medical professional.

↓ Sign the boxes below

to indicate which of the following apply to the applicant

	Limb reduction deficiency in both arms
	Limb reduction deficiency in one arm only
	Bilateral limb amputation
	Limb amputation – one arm only
	Muscular Dystrophy resulting in the loss of use of both arms for everyday tasks
	Spinal cord injury resulting in the loss of use of both arms for everyday tasks
	Motor neurone disease resulting in the loss of use of both arms for everyday tasks
	Another condition resulting in the loss of use of both arms for everyday tasks. Please state what;
	None of the above apply to the applicant
	Any other information which you believe may be relevant:

Part 4 : To be completed only by the medical professional.

↓ Sign the boxes below

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

	Less than 12 months e.g. recovery from surgery
	More than one year
	More than three years
	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 **signed** 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 signed the boxes in Part 3 and Part 4.

Forms where the boxes are not signed, or where they are incomplete, 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.

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:

WCC Concessionary Travel
The Post Room, Rear of Shire Hall,
Warwick, CV34 5RL

or take a copy into your nearest WCC Library and ask them to send it to us:

Telephone enquiries: (01926) 359180

Monday to Thursday 9am – 5pm Friday 9am – 4.30pm

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