

Concessionary Travel Pass Evidence Form

Learning Disability – in full time education



Form CT – F2

To be completed by applicant and the school or college

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>		
Surname :	First Name :	
Address :	Date of Birth :	
	Tel No :	
	Mobile Tel No:	
Post code	Email :	
Does the applicant receive support from Warwickshire County Council?		Yes / No
If Yes, please tell us the name of the social worker.		
Does the applicant receive support from another organisation e.g. Mencap, Way Ahead?		Yes / No

Declaration of authority

I authorise the school or college named in Part 5 below to disclose information relating to the applicant's 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 school or college

The person named above 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.

Rather than seeking advice from a medical professional, where someone is under 18 we are able to accept information from a senior member of staff at the school or college who knows the applicant.

Please complete Part 4 and Part 5 on behalf of the applicant.

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

Part 4 : *To be completed only by only by a senior member of staff*

↓ **Sign the boxes below**

to indicate which of the following apply to the applicant

	Intelligence is normal or near normal
	Intelligence is significantly impaired - i.e. significantly reduced ability to understand new or complex information, (generally 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 significant impairment of intelligence)
	Disability started in childhood
	None of the above apply to the applicant

Briefly describe the applicant's disability and the type of support they need for everyday tasks. (Attach a separate sheet if needed)

Part 5: Declaration – To be completed by the senior member of staff

- I confirm that the information provided in part 4 above is current and correct.
- I have **signed** the box(es) in Part 4 (above) myself.

Signature of senior member of staff	Date
Contact telephone number	School or college name and address
Name and Position (please use capitals)	

Returning the form

N.B. Forms can only be accepted where the senior member of staff completing the form has **signed** the boxes in Part 4.

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

A completed form does not guarantee the issue of a bus pass.

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 it 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