

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

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

Part 4 : Eligibility for a bus pass because of a learning disability**To be completed only by a senior member of staff**

↓ **Initial against all the statements which apply to the applicant**

<input type="checkbox"/>	Intelligence is normal or near normal
<input type="checkbox"/>	Intelligence is significantly impaired - i.e. significantly reduced ability to understand new or complex information, (generally with an IQ of less than 70)
<input type="checkbox"/>	Social functioning is normal or near normal
<input type="checkbox"/>	Significant impairment of social functioning i.e. significantly reduced ability to cope independently and may need support to carry out some everyday tasks
<input type="checkbox"/>	Mental health problems (but no learning disability)
<input type="checkbox"/>	Disability started in childhood
<input type="checkbox"/>	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 **initialled** the boxes 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 member of staff signing the form has **initialled** the boxes in 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
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