

Concessionary Travel Pass Evidence Form

Profoundly or Severely Deaf

Form CT – B1



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 profoundly or severely deaf**.

The qualifying criteria states;

"(b) is profoundly or severely deaf". This is clarified further by guidance and eligibility is linked to an applicant's level of hearing loss.

Part 3 overleaf asks about the applicant's deafness

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. Forms which are just ticked will not be accepted.

Part 3 : Eligibility for a bus pass ↓ *To be completed only by the medical professional.*

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

	Severely or profoundly deaf in both ears (greater than 70dBHL in both ears)
	Severely or profoundly deaf in one ear only
	Mild or moderate deafness in either or both ears (between 25 and 69dBHL)
	None of the above apply to the applicant
	Any other information which you believe may be relevant:

Part 4: 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.

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.

<p>Please send the form to us at: Concessionary Travel Team WCC Communities Group P.O. Box 43 Shire Hall Warwick CV34 4SX</p> <p>Or take in to your nearest WCC-run library</p>	<p>Telephone enquiries: (01926) 359180</p> <p>Monday to Friday 8am – 6.30pm</p>
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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