

Concessionary Travel Pass Evidence Form

Learning Disability – receiving support



Form CT – F3

To be completed by applicant and the support organisation

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 :

Declaration of authority

I authorise the support organisation 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):
Carer/support worker's name and organisation name		
Contact phone number of carer		

Part 2 : Information for the support organisation

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'.

It is up to the applicant to show that they qualify for a bus pass, and we have provided this form to help obtain information about their eligibility. Information provided about the level of someone's support can help us assess their eligibility for a bus pass, but completion of this form does not guarantee a pass will be issued..

This form is only acceptable when completed by a senior member of staff. We may contact you to confirm details. It should not be completed by family members or other unpaid carers.

Please complete Part 3 and 4 to the best of your professional knowledge and judgement.

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

If you have any queries about providing the evidence please call 01926 414986

Part 3 : Eligibility for a bus pass because of a learning disability**To be completed only by a senior member of staff***Forms are not accepted where they are completed by the carer working directly with the applicant.*

Does the applicant receive a personal budget or support from WCC social care? If there is a named contact or team, please give details here.

Who has commissioned the care which your organisation provides?

Please describe the applicant's disability

Give some examples of the type of support provided to the applicant for everyday tasks..

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 you believe apply to the applicant*Forms are not accepted where they are completed by the carer working directly with the applicant.*

	Formal diagnosis with ICD code F70 or F71 or F71 or F73 (for intellectual disability) - a copy must be attached
	Intelligence is normal, near normal, or above normal (with an IQ of 70 or above)
	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 learning disability)
	Disability started in childhood
	None of the above apply to the applicant
	Cannot say whether intelligence and social function are significantly impaired or not.

Part 5: Declaration – To be completed by the senior member of staff*Forms are not accepted where they are completed by the carer working directly with the applicant.*

- 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	Organisation 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