

### Part 1 : About the applicant

Title	Mr / Ms / Mrs / Miss / Mx / Other _____		
First Name		Phone number	
Surname		Mobile number	
Date of Birth		House name or number	
Nat. Insurance Number (if known)		Postcode	
Personal email address*			

\* Email address should be unique – you should not use a shared email address for your bus pass.  
We may use your email address to contact you about your bus pass e.g. when it is due to be renewed

### Bus pass details (where known) – please indicate which applies with X

<input type="checkbox"/>	Bus pass holder - the bus pass number is 633597 0214 _ _ _ _ _
<input type="checkbox"/>	Bus pass holder - the bus pass number is not known.
<input type="checkbox"/>	This form is being submitted with a new application

### Part 2 : Information for the support organisation

The person named above (“the applicant”) 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”**

Parts 3-5 of this form should be completed by someone who is in a position of authority and who is involved with the care of the applicant. e.g. medical professional, social worker, support organisation manager. Evidence provided by family members, unpaid carers, or directly employed carers will not be accepted.

**Please answer to the best of your professional knowledge and judgement. If you are unable to provide the information, then please indicate this.**

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. Any costs will be borne by the applicant.

If you have the applicant’s consent and can assist with this information, then we would be grateful.

**Please sign in the boxes in Part 3 & Part 4.**

**Forms which are ticked or initialled will not be accepted.**

This is because this demonstrates that the form has not been read by the person completing it.

We do not accept electronic signatures. However, the form can be scanned in, once signed, and submitted electronically.

### Part 3 : About the applicant's disability

N.B. If Part 3 is ticked  
it will be rejected.

**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***

Please briefly describe the applicant's disability

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?

**↓ Sign the boxes below to indicate which of the following apply to the applicant.**

*Forms which are ticked or initialled will be rejected*

#### About the disability

	Intelligence is normal, near normal, or above normal (with an IQ of 70 or above)
	Intelligence is significantly impaired, generally with an IQ of less than 70 <i>i.e. significantly reduced intellectual functioning, a reduced ability to understand new or complex information, and a difficulty in learning new skills</i>
	Significant impairment of social functioning <i>i.e. significantly reduced ability to deal with everyday things such as managing their own personal care, understanding rules, telling the time, or handling money.</i>
	Social functioning is normal or near normal
	Mental health problems (but no learning disability)
	Disability started in childhood
	None of the above apply to the applicant

#### About the care needed because of their learning disability

	They need 24-hour care, with one or more carers present or nearby
	They can live alone, with visits from carers or family members from time to time
	There are times when they would need to be supervised or accompanied, but this is not necessary all the time.
	None of the above apply to the applicant
	<b>Please describe the care provided by your organisation, and tell us anything else you think is relevant</b> – N.B. we cannot take account of financial circumstances or need. (←← A signature is also needed here if you complete this box)

## Part 4 : Declaration

*To be completed by the same senior member of staff as in Part 3 above.*

By submitting this form, I confirm that

- The applicant or their representative has given consent for this information to be shared.
- All the information is true and accurate.
- It is my signature in the boxes in part 3 above.

Signature of medical professional

Date

Name of person signing the form

Employer name and address

Job title/job role

## Returning the form

You are advised to keep a copy of this form.

*The form should be sent to the following address - please mark it CONFIDENTIAL.*  
**WCC Concessionary Travel, The Post Room, Rear of Shire Hall, Warwick, CV34 5RL**

We do accept scanned forms sent via email but information sent by email is not secure.

**Telephone enquiries: (01926) 359180** Monday to Friday 9am – 4.30pm

**Email enquiries** [ct@warwickshire.gov.uk](mailto:ct@warwickshire.gov.uk)

N.B. Forms can only be accepted where the senior member of staff completing the form has **signed** the boxes in Part 3 and Part 4.

Forms where the boxes have been ticked, or initialled, or where the signatures in Part 3 and Part 4 do not match, will be rejected.

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

If the applicant is not already a passholder, then a completed application is also required.

## 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](http://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 A CONCESSIONARY BUS PASS MAY RESULT IN PROSECUTION**