

Disabled Young Persons Bus Pass Application



Who is eligible?

If you have an eligible disability and are a young person resident in Bristol between the ages of 5 and the end of the school year of your 19th birthday, complete this form to apply for a bus pass.

Eligible disabilities are those specified in section 146 of the Transport Act 2000, as listed below.

Your details

Title:		First name:		Surname:	
Date of Birth:					
Address:					
Post code:					
Telephone:					
Email:					
School attended:					

Proof of address

We need to see a copy of official proof that you live within the Bristol City Council Boundary.

This proof could be an official document with your current address, such as a bank statement, DWP award, letter from your school or your national insurance.

Proof of disability

We need to see a copy of evidence that you are disabled.

Please select your disability:

- you are blind or partially sighted
- you are profoundly or severely deaf
- you are without speech
- you are without arms or have a long-term loss of the use of both arms
- you have a learning disability
- you have a blue badge
- you have a disability or suffered an injury, which has a substantial and long-term adverse effect on your ability to walk

Photo of yourself

You will need to supply a recent colour, passport sized photograph, or digital photograph.

Your photo must:

- measure a standard passport size of 45 mm high by 35mm wide
- be taken within the last month
- be taken against a plain cream or light grey background
- be a close-up of your full head and upper shoulders

Attach
photograph here
if posting your
application

In your photo, you must:

- be facing forward and looking straight at the camera
- have a neutral expression and your mouth closed
- have your eyes open, visible and free from reflection or glare from glasses
- not have hair in front of your eyes
- not have a head covering (unless it's for religious or medical reasons)
- not have anything covering your face
- not have any 'red eye'
- not have any shadows on your face or behind you

You can't wear sunglasses or tinted glasses. You can wear reading glasses but your eyes must show fully through clear lenses without glare or reflections.

Please tick the evidence you will be providing:

- DWP letter awarding the higher rate of mobility for Disability Living Allowance
- DWP letter awarding Personal independence Payment (PIP) with a score of at least 8 points for "Moving around"
- DWP letter awarding Personal independence Payment (PIP) with a score of at least 8 points for "Communicate verbally"
- A certificate of vision impairment signed by a consultant ophthalmologist
- Medical professional evidence – see appendix A
- Photocopy of both sides of your Blue Badge
or Blue Badge number:
- Please tick this box if you agree for us to check your Blue Badge records.

Companion bus pass

Do you need someone to travel with you on public transport (this is called a Companion)?

- Yes
- No

To get a companion card you must be either in receipt of:

- In receipt of the higher rate of mobility for Disability Living Allowance, or
- In receipt of Personal independence Payment (PIP) with a score of at least 8 points for “Moving around”, and/or
- In receipt of Personal independence Payment (PIP) with a score of at least 8 points for “Communicate verbally”

Or

- Provide evidence from a medical practitioner to confirm that you are unable to travel on a bus for medical reasons. – see appendix A

Sharing information with others

If there is someone else helping you with your application (such as a friend, relative, or support worker) and you are happy for them to deal with us on your behalf, please provide their name and contact details:

I give my permission for Bristol City Council to share information about my disabled bus pass application with:

Their name:

Their connection with you:

Their telephone/email details:

Privacy statement: what we do with your personal data

In order for Bristol City Council to process your concessionary travel application we will need to collect and hold some of your personal details, including your name, address, date of birth, and for some types of travel passes- details of medical conditions. This information will never be used for any purpose other than to validate your application, produce your concessionary travel card, renew it or respond to any queries you may have.

See www.bristol.gov.uk/about-our-website/privacy-and-processing-notice-for-resource-services for full details of how your data will be held and used.

Declaration			
<p>I declare that all the information I have provided is correct. I will notify the Council of any change in my circumstances that may affect my application and understand that the Council may write to my medical professional or School for further information required to ascertain my eligibility for the scheme.</p> <p>Please note that Bristol City Council cannot reimburse any fee you are charged in the course of obtaining medical evidence.</p>			
Signed:		Date:	

What to do now	
To email:	Scan your completed form and send it along with your photograph, proof of your address and evidence to: bus.passes@bristol.gov.uk
To post:	Send your completed form along with your photograph, proof of your address and evidence to: Concessionary Travel (CH), PO Box 3399, Bristol BS1 9NE
<p>We will aim to process your application within 5 working days of receiving all evidence. In some circumstances this will be delayed if we need to contact you or your medical professional.</p> <p>Please send clear photocopies of evidence only, do not send us original documents.</p>	

If you need help with this form or English is not your first language and you need a translation or you would like this form in a different format, for example braille, audio, large print, easy English, BSL video or plain text please call 0117 922 2600 or email bus.passes@bristol.gov.uk

Your details					
Title:		First name:		Surname:	
Date of Birth:					
Address:					
Post code:					
Telephone:					
Email:					

Medical Professionals Evidence	
To be filled in by a medical professional (e.g. General Practitioner, Hospital Consultant, Psychiatrist, Community Psychiatric Nurse, Paediatrician).	Your Official Stamp
Name of health professional	
Job title	
Address	
.....	
I certify that (applicant's name).....	
Has an injury / disability as detailed below:	
.....	
.....	

Please Complete all applicable

- is registered / eligible for registration as blind or partially sighted
- is registered / eligible for registration as profoundly or severely deaf
- is registered / eligible for registration as a person without speech
- has a disability which will last at least 12 months and means that he/she cannot walk or is virtually unable to walk, due to:
.....
- is without use of both arms, due to:
.....
- has a learning disability, with a reduced ability to understand new or complex information, a difficulty in learning new skills and may be unable to cope independently.
.....
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Anticipated duration of disability

- The applicant's disability is permanent
- Temporary (greater than 12 months but not permanent)
- Temporary (less than 12 months). Please specify expected term of illness: months

Companion

Can the applicant only use public transport with the assistance of a companion?

- Yes
- No

If Yes please provide details of the disability and why the applicant requires a companion in order to use public transport.

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Signed.....Date.....