

Concessionary Bus Pass

Providing permits to travel on buses and trains

If you need help filling in this form, please contact us on
0113 222 4444, call into your local one stop centre
or email us at general.enquiries@leeds.gov.uk.

Text phone: 0113 222 4410 Fax: 0113 245 6931

If you are over 65 you are automatically entitled to a Bus Pass. You can get this from
Metro travel centres and bus station offices and do not need to complete this form.

Part A Automatic criteria

Please tick the following boxes that apply to the Applicant

Please tick

1 I am registered blind

If you have proof that you are registered blind, such as a CVI certificate,
please send a copy of this in.

2 I have an existing Blue Badge for my vehicle

Badge number:

Issued by:

3 I receive the higher rate **mobility** component
of the Disability Living Allowance

If you have ticked this box, please send in your most recent letter from the
Department of Work and Pensions which:

- shows that you are receiving the HIGHER RATE MOBILITY component
- shows the dates that you have been awarded it for
- shows your full name and current address.

If you do not have a letter, please obtain one from the Department of Work and Pensions,
their contact number is 08457 123456.

4 I receive the 40% War Pensioner's Mobility Supplement

This is paid in with your War Pensioner's Pension. If you have ticked this box, please send
in a copy of a letter from the veteran's agency.

Part B Discretionary criteria

Only fill in this part if you have **not** ticked any of the boxes in Part A.

Please tick

- | | | | | | |
|---|---|-----|--------------------------|----|--------------------------|
| 1 | I have long term and substantial problems with walking | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2 | I have a permanent and long term learning disability (that is a result of arrested or incomplete development of mind, which includes significant impairment of intelligence and social functioning) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3 | I am profoundly or severely deaf | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4 | I am without speech | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5 | I am blind or partially sighted | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6 | I do not have arms or cannot use my arms | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7 | I have had my driving license withdrawn under Part 111 of The Road Traffic Act 1988, have their application refused in accordance to section 92 of the Act (physical fitness) otherwise than on the grounds of persistent misuse of drugs or | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you have answered yes to any of these questions in Part B, you will need your doctor or medical specialist to complete Part D. Please note they may charge you for this service.

Part C Your details

Title (Mr, Mrs, Ms)	<input type="text"/>	Surname	<input type="text"/>
First name	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/>		
	Postcode: <input type="text"/>		
Contact number	<input type="text"/>		
Signature	<input type="text"/>		

Part D Doctors confirmation this section must be completed

Please can you doctor or medical specialist complete this section detailing why they feel you should be awarded a concessionary bus pass based upon the criteria you have outlined in **Part B**, please note failure to do this will result in your application not being processed.

For the doctor or medical specialist to sign:

I confirm that the condition I have detailed above is either: Please tick
long term/ permanent and substantial
or
will last for 12 months

Signature

Date

To validate this confirmation, we require an official stamp from your doctor/ medical specialist surgery, in the box below:

We will treat all information supplied by your doctor, specialist or any other clinician in strictest confidence and will only use it to make a decision on your application. We will not give your medical details to anyone else without your written permission.

Part E Companion Bus Pass

In West Yorkshire, you may request a bus pass for a companion to travel with you, if you need their assistance, complete Part E if you are requesting this service, otherwise please go to Part F.

Please note, if you are registered blind, you will automatically be entitled to a pass for your companion to travel with you in West Yorkshire and you do not need to complete this section.

To apply, please complete one of the following:

- 1 I receive the higher rate **care** component of the Disability Living Allowance

If you have ticked this box, please send in your most recent letter from the **Department of Work and Pensions** which:

- shows that you are receiving the HIGHER RATE CARE component
- shows the dates that you have been awarded it for
- shows your full name and current address.

If you do not have a letter, please obtain one from the Department of Work and Pensions, their contact number is 08457 123456.

- 2 If you cannot tick the above, you will require your doctor's confirmation

Please can your doctor or medical specialist complete this section detailing why they feel you require a bus pass for a companion to travel with you.

This needs to be based upon the criteria you have outlined in Part B, please note failure to do this will result in a bus pass for your companion to travel with you not being processed.

For your doctor or medical specialist to sign:

I can confirm the above customer does require the help of a companion to travel on public transport

Signature

Date

To validate this confirmation, we require an official stamp from your doctor/ medical specialist surgery, in the box below:

Part F Declaration

I confirm that the information I have given is correct. I understand that if I deliberately give false information I may be prosecuted.

Signature

Date

Print

You or your representative (if you are unable to sign)

Once we have received **all** the information we require to process your application, we aim to complete and make a decision within 10 working days.

If your application is successful, we will notify West Yorkshire Metro to issue you a concessionary bus pass, please allow 15 working days for delivery in addition to the 10 days for us to process.

**Please return completed applications to:
Customer Service, PO BOX 657, Leeds, LS1 9BS**

Use the checklist below to make sure you have completed the application correctly.

Enclosed proofs

Enclosed one photograph) with your name written clearly on the back
This photo needs to have been taken within the past 6 months

The form is signed and completed

APPLICANTS NAME

PLEASE PRINT IN FULL

Fair Processing Notice to be issued to people who have submitted personal data to the council

We are participating in an exercise to promote the proper spending of public money.

We are required by law to protect the public funds we administer. We may share information provided to us with other bodies responsible for auditing or administering public funds in order to prevent and detect fraud.

The Audit Commission currently requires us to participate in its anti-fraud initiative. For this initiative we are required to provide information we hold relating to blue badge permit holders so it can be compared to information provided to the Audit Commission by other participating public bodies. This increases our assurance that blue badge permits are being issued to the correct people and are being appropriately used.

For further information on the Audit Commission's legal powers and the reasons why it matches particular information, see <http://www.audit-commission.gov.uk/nfi/fptext.asp> or contact them on: 0844 798 3131 or 0117 975 3131 or by email: public-enquiries@audit-commission.gov.uk

Further information is available on our website at www.leeds.gov.uk/Council and Democracy/ Performance/National Fraud Initiative

OFFICE USE ONLY

Received _____

Reviewed _____

Awarded _____

Awarded _____

Refused _____

Refused _____

Pending _____

Pending _____

Fraud identified _____

Fraud identified _____