

# Concessionary Bus Pass

Providing permits to travel on buses and trains

If you need help filling in this form please email us at [bluebadge@leeds.gov.uk](mailto:bluebadge@leeds.gov.uk), call into your local One Stop Centre, or contact us on 0113 222 4444.

If you are 65 or over you are already entitled to a Senior Travel Pass, you can get this pass from any WY Metro bus station travel centre. If you are eligible for a Senior Travel Pass you will not be sent a Disabled Bus Pass as both give the same fare concessions.

Do you currently hold a disabled travel permit or have you previously been issued with one?

If Yes.

What is the expiry date

## 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.

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

- **Proof:** Copy of letter of entitlement dated within the last 12 months showing your full name and current address as well as the start and end date of your benefit. If you do not have this letter, please call DWP on 03457 123456 to request your 384 entitlement letter

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

This is paid in with your War Pensioner's Pension and you will have an award letter from the Service Personnel and Veterans Agency (Free-phone enquiry number: 0800 169 22 77). If you have ticked this box, please send in a copy of a letter from the veteran's agency.

5 I am in receipt of Personal Independence Payment (PIP), where the applicant has been awarded at least eight points against either the PIP "Moving around" activities.

- **Proof:** A full copy of letter of entitlement dated within the last 12 months showing your full name and current address as well as the start and end date of your benefit and entitlement.

## Part B Discretionary criteria

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

Please tick

- 1 **Have you a disability or injury which has a substantial and long-term effect on your ability to walk?** Yes  No

You will need to provide medical evidence to verify your disability.

- 2 **I have a substantial learning disability** Yes  No

If you have a substantial learning disability and are not registered with the local authority, you will need to provide medical evidence, any recent reports or letters you have received from your Consultant, specialist, nurse or other medical professional to verify this.

- 3 **I am profoundly or severely deaf** Yes  No

If you are profoundly deaf and are not registered with the local authority you will need to provide medical evidence to verify this.

- 4 **I am without speech** Yes  No

If you are without speech you will need to provide medical evidence to verify this.

- 5 **I am partially sighted** Yes  No

If you are partially sighted and NOT registered with the local authority you will need to provide Certificate of Vision impairment (CVI) or a BD8 form signed by a Consultant Ophthalmologist

- 6 **I do not have arms or cannot use my arms** Yes  No

You will need to provide medical evidence to verify your disability.

- 7 **I have been, or would be, refused a driving licence on medical grounds** Yes  No

Under Part III of the Road Traffic Act 1988, have your application refused under section 92 of the Act (physical fitness) i.e. epilepsy (unless it is of a type which does not pose a danger, severe mental health (but excludes drugs and alcohol abuse).

You will need to provide evidence from the DVLA or medical evidence to verify this (this must be dated within the last 12 months). You will not qualify if your condition is related to the persistent misuse of drugs or alcohol.

**\*\*\* If you don't have any suitable evidence already then you may need to ask someone that is suitably qualified and that knows about your condition, to provide some written evidence in support of your application \*\*\***

**You should be aware that some medical professionals might charge a fee to provide you with a letter and that we cannot help with any of those costs.**

**Part C**

**Your details**

**Surname**

**Forename/s**

**Title:**

**Mr**

**Mrs**

**Miss**

**Ms**

**Other**

**Gender**

**Male**

**Female**

**Date of Birth:**

**Current Address**

**Telephone:**

**Email:**

**National Insurance Number:**

**Part D Doctors confirmation this section must be completed if you have not provided any supporting evidence**

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 give detailed reason 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:

long term/ permanent and substantial

or

will last for 12 months

Please tick

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 **both** the higher rate mobility component and 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 MOBILITY and 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 03457 123456 and request a 384 entitlement letter.

- 2 If you cannot tick the above, **you will require your doctor's confirmation or supporting evidence from your Consultant, specialist, nurse or other medical professional.**

Please can your doctor, medical specialist, key worker or health professional 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.

### 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

## Part G If you are applying to Leeds City Council for the first time

Please supply a photocopy of one 'confirmation of address and one 'confirmation of identity'.

### Confirmation of address

Please supply a **photocopy** of one of the following as proof that you are a resident of Leeds:

For under 18's it is acceptable to show proof of residences in the Parent/Guardians name

Utility bill  Rent book/tenancy agreement  Council Tax bill

Whichever one you provide, it must contain a date within the last three months to show that you live in the Leeds area.

### Confirmation of identity

You must attach a **photocopy** of one of the following as proof of your identity. The Department for Transport require local authorities to check individual identities to reduce fraud.

If you are registered blind with Leeds City Council you do not need to supply this proof.

Birth certificate / adoption certificate  Driving licence  Passport  UK identity card

**Please send copies only as originals cannot be returned**

**Any additional information or supporting evidence:**

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/fttext.asp> or contact them on: 0844 798 3131 or 0117 975 3131 or by email: [public-enquiries@audit-commission.gov.uk](mailto: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](http://www.leeds.gov.uk/Council and Democracy/Performance/National Fraud Initiative)

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

**OFFICE USE ONLY**

Date Stamp

Awarded \_\_\_\_\_

Refused \_\_\_\_\_

Pending \_\_\_\_\_