

# Concessionary Fares Scheme

## Application for Disabled Residents Travel 2019-2020



West Berkshire Council  
Concessionary Fares Team  
Council Offices,  
Market Street,  
Newbury, RG14 5LD  
Telephone No: 01635 519394  
email: transport@westberks.gov.uk  
www.westberks.gov.uk/concessionaryfares

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### Your Details

Please use **BLOCK CAPITALS** and **Black Ink**

Mark check boxes with a **X**

Title: Mr  Mrs  Miss  Ms  Other

First Name

Middle Name(s)

Surname

House / Flat No. / House Name

Address

Post Code

Telephone No.

Email Address

Date of Birth

Gender Male  Female  Prefer not to say

### Application for a National Disabled Off-Peak Bus Pass

(minimum age 5 years)

One piece of evidence from each category will suffice.  
(A driving licence can be used as proof of age or proof of residence, not both)

### Proof of Age:

(photocopy only)

- Passport
- Birth Certificate (if name unchanged)
- Driving Licence
- NHS Medical Card

### Proof of Residence and Photograph

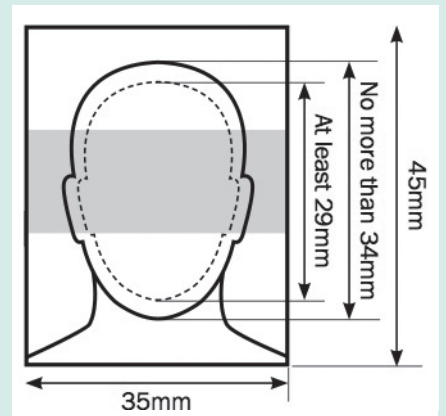
Please mark boxes and enclose a **photocopy only** of the up to date documents (less than one year old) you will be supplying for proof of permanent residency.

#### Proof of Residence:

- Council Tax
- Bank Statement
- Utility Bill
- Driving Licence

#### One recent colour photograph to passport standards

Photograph must be:  
a true likeness;  
showing your full face;  
facing forwards;  
without a hat;  
**taken against a plain pale background and be to passport standards**  
sizes shown in diagram →



Continued overleaf.



## 1 Please state nature of your disability ▶

In order to be eligible for a **Disabled Residents Travel Concession**, the applicant must meet **ONE** of the following criteria from either section 2 or section 3. For section 2 the applicant must be able to provide proof of their eligibility, **by supplying the appropriate evidence, as marked in brackets**. For section 3 eligibility must be certified by an independent medical practitioner (such as a doctor). You may be charged for this service. **Please note people who persistently misuse drugs or alcohol, or have done so in the past, are not covered by the definition of 'disabled person' under the 2000 Act and are thus not entitled to a travel concession.**

## Disability Eligibility

Mark check boxes with a **X**

### 2 Eligibility will be granted automatically where the applicant...

- is in receipt of the Higher Rate Mobility Component of the Disability Living Allowance or received a score of 8 points or more under PIP activity 12 [Moving Around]. (Requires award notice letter from the Disability & Carers Service).
- is in receipt of the War Pensions Mobility Supplement or received compensation for an injury in tariffs 1-8 of the Armed Forces Compensation Scheme. (Requires award notice letter from the Service Personnel and Veterans Agency).

### 3 THIS SECTION MUST BE COMPLETED BY A QUALIFIED MEDICAL PRACTITIONER

If you are unable to provide one of the proofs of disability listed above in Section 2, you will need to download and print one of the Forms 3A to 3G, which can be found online [www.westberks.gov.uk/concessionaryfares](http://www.westberks.gov.uk/concessionaryfares). The form must be completed and signed by a qualified medical professional and returned with the completed Disabled Residents Application form along with proof of age, residency and a photograph to passport standards. Please note a letter or certificate from your doctor/GP will not be acceptable as evidence.

Please tick the form 3A to 3G you will be providing:

- 3A**  **Blind or Partially Sighted** - severely sight impaired (blind) or sight impaired (partially sighted).
- 3B**  **Profoundly or Severely Deaf.**
- 3C**  **Without Speech** - in any language (score of at least 8 PIP points against 'communicating verbally').
- 3D**  **Severe Walking Disability** - has a disability, or has suffered an injury, which has a substantial and long-term adverse effect on their ability to walk (score of at least 8 PIP points against 'moving around').
- 3E**  **Without Use Of Arms** - does not have arms or has long-term loss of the use of both arms.
- 3F**  **Learning Disability** - that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning. Disability must have started before adulthood and the person should be able to qualify for specialist services and receive / received special education provision.
- 3G**  **Unable To Drive On Medical Grounds** - would, if they applied for a driving licence to drive a motor vehicle, have their application refused other than on the grounds of persistent misuse of drugs or alcohol.

### 4 Declaration. All applicants must read and complete this section.

Providing false information in order to obtain a Disabled Residents Travel Concession is an offence and may result in criminal prosecution. I confirm that the above information is correct and I apply for a Disabled Residents Travel Concession.

I hereby declare that I have not previously made an application for a travel concession for the period 01 April 2019 to 31 March 2020.

I agree to abide by the conditions of use as specified by West Berkshire Council see [www.westberks.gov.uk/concessionaryfares](http://www.westberks.gov.uk/concessionaryfares) and that I will return my concessionary bus pass if I permanently move from West Berkshire or notify if I have changed address within West Berkshire.

**Signature of Applicant:**

(or proxy for sight impaired applicants or carer/power of attorney, as appropriate)

Date:

**Completed application forms should be sent to:** Concessionary Fares Team, West Berkshire Council, Council Offices, Market Street, Newbury, Berkshire, RG14 5LD. It takes 10 working days to process your application. Your new bus pass will then be sent by second class post. If you have not sent the correct documentation we will contact you.

**If you change address or intend to move out of West Berkshire then please let the Concessionary Fares Team know on: 01635 519394 or email: [transport@westberks.gov.uk](mailto:transport@westberks.gov.uk)**

### Office Use Only

Date entered on system: ...../...../ 20 ..... Approved by & dated: .....  
 Customer reference no: ..... Rejected / reason: .....  
 Initials: .....