



Profoundly or Severely Deaf Disability Evidence Form

Privacy Notice: To find out how we use the data you give us on this form visit www.westberks.gov.uk/pnconcessionaryfares

To be filled in by applicant

Declaration of authority. I authorise the consultant / specialist (shown below) to disclose to West Berkshire Council the information requested in this form. Please PRINT details.

Name	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/>	Tel. no.	<input type="text"/>
	<input type="text"/>	Email	<input type="text"/>
	Postcode	<input type="text"/>	
Signed	<input type="text"/>	Date	<input type="text"/>

To be filled in by a qualified medical practitioner

Dear Consultant or Specialist,

The person mentioned above has applied to us for a travel concession on the basis of being **profoundly or severely deaf**.

The Transport Act 2000 defines that "hearing loss is measured in decibels across the normal hearing spectrum, as dBHL (Hearing Level)". This is clarified in more detail in the options below.

Please tick the box(es) that apply to this person.

- They have a severe hearing loss of 70 - 95 dBHL.
- They have a profound hearing loss of 95+ dBHL.

OR

- I am unable to confirm that any of the above options apply to this person.
- Please tick this box** if this is a permanent disability, which has a substantial effect on the above person's ability to carry out normal day-to-day activities.

Name	<input type="text"/>		
Position	<input type="text"/>		
Address	<input type="text"/>		
GMC No.	<input type="text"/>	Tel:	<input type="text"/>
Signed	<input type="text"/>	Date	<input type="text"/>

On completion please return the form to the applicant

**OFFICIAL
 CLINIC / HOSPITAL
 STAMP HERE**

Once completed, the applicant should submit this Evidence Form, along with the Concessionary Bus Pass Application Form, proof of residence, and date of birth and photograph.

