



Without Speech 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 **without speech**.

The Transport Act 2000 defines Without Speech as "as being unable to communicate orally in any language". This is clarified in more detail in the options below.

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

- They are unable to make clear basic oral requests. (e.g. to ask for a particular destination or fare).
- They are unable to ask specific questions to clarify instructions. (e.g. Does this bus go to the High Street?).

OR they will be ineligible if

- They can communicate orally but their speech may be slow or difficult to understand because, for example, they stammer.
- 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.

