



# Without Use Of Arms 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](http://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 the use of both arms.**

The Transport Act 2000 defines this as “does not have both arms or has long-term loss of the use of both arms”. This is clarified in more detail in the options below.

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

- They have had amputation of both arms.
- They have a congenital absence of both arms.
- They have deformity of both arms.
- They have one or both arms but are unable to use any to carry out day to day tasks (e.g. paying coins into a fare machine).
- They have muscular dystrophy, spinal cord injury, motor neurone disease or a condition of comparable severity.

**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"/>

**OFFICIAL  
 CLINIC / HOSPITAL  
 STAMP HERE**

On completion please return the form to the applicant

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.

