English National Concessionary Bus Pass
Information and application form for a Disabled Person's Bus Pass OR Disabled Person's Railcard

Please use this form to apply for a Disabled Person's Bus Pass.

- DO NOT use this form if you require an Older Person's Bus Pass.
- DO NOT use this form for a lost/stolen Bus Pass. Please contact the West Sussex Bus Pass Information Line on 033 022 26222 to order. You will normally need to pay a non-refundable £10 fee to replace a lost or spoilt pass unless the loss was as the result of theft and a Police Crime Number is supplied.
- DO use this form to renew an expiring Bus Pass.
- DO use this form if you're applying for a Disabled Person's Railcard in place of a bus pass.

Am I eligible for a Bus Pass?
If you live within the administrative area of West Sussex County Council i.e. pay your council tax to West Sussex County Council, are disabled and qualify under the criteria as laid out in the Transport Act 2000 (Section 146 of the Act) you may be eligible for free travel. The criteria for a Disabled Person's Bus Pass is shown on page 2 of this form. All new and renewal applicants must provide the necessary proof as specified for their particular disability. If you are unable to provide the relevant certification please ensure a Medical Professional fills in the section on the reverse of the application form. Your application may be refused unless the exact specified proof is presented, so please read carefully.

When can I use my Bus Pass?
Once you have received your Disabled Person's Bus Pass, you will be able to travel free using off-peak travel on local bus services (excluding tube/DLR, rail, tram, coach, express or excluded Park and Ride services, Dial-a-Ride community transport and local ferry services) throughout England. The pass is valid for use at the following times:

<table>
<thead>
<tr>
<th>Location</th>
<th>Weekdays (excluding public holidays)</th>
<th>Weekends and Public Holidays</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Sussex</td>
<td>Anytime</td>
<td>Anytime</td>
</tr>
<tr>
<td>Any other local authority in England (Not all authorities offer earlier discretionary start times – you should check before travel)</td>
<td>9.30 a.m. to 11.00 p.m.</td>
<td>Anytime</td>
</tr>
<tr>
<td>Transport For London Buses (you cannot use your pass on the Underground, DLR, Trams or non TfL buses)</td>
<td>Anytime</td>
<td>Anytime</td>
</tr>
</tbody>
</table>

Pass Use
Free travel is only permitted on local bus services in England within the hours shown above, on production of a valid bus pass. At all other times a fare must be paid in accordance with the fares charged by individual operators and cannot be reclaimed from the operator, the local district, borough, city or county council. Note that a railcard allows one third off off-peak rail fares. Applicants are only permitted one pass per person and this should be provided by the authority responsible for where they live. If you lose your bus pass, it is damaged beyond use or you wish to update your photograph, the cost to replace it is a non-refundable £10 fee. Please contact the West Sussex Bus Pass Information Line on 033 022 26222.

Companion Pass
Applicants who would not be able to regularly make a journey without requiring assistance from a travelling companion to either get on and off the bus, or find out information about the journey (such as a route number or when their stop is) may be entitled to a Companion Pass. A specialist's opinion (someone independent who understands your medical condition) on travel arrangements would be taken into consideration when the application is being assessed. Please submit this in addition to your evidence of disability. Companion travel is not permitted everywhere in England. You cannot use the companion element (if applicable) of a Companion pass outside of West Sussex.

The West Sussex Bus Pass Information Line: 033 022 26222
How long does a Pass last for?
Most bus passes are valid for up to 5 years. The expiry date may vary depending on the disability evidence provided. Up-to-date medical evidence may be required for renewal of your bus pass. The expiry date is printed on the front of your pass. Expired passes may be replaced free of charge but may also be dependent on the renewal evidence.

How can I obtain a Bus Pass?
To receive the Disabled Person's Bus Pass, which permits free off-peak travel across England, please carefully read the guidance notes and complete the attached application form. This should be posted with your photocopied validation documents to: West Sussex Bus Pass, PO Box 212, Waterlooville, PO7 6ZN.

Your application MUST include:
- the completed application form
- one photcopy of a proof of address document from Table 1 (do not send original documents)
- one photcopy of a proof of disability document from Table 2 (do not send original documents) OR the reverse section completed by a medical professional.
- one passport style/sized colour photograph of your head and shoulders with a single coloured background placed on the application form as indicated and with your name printed on the reverse. Head wear, unless specified for religious purposes, is not to be worn. Photocopiers are available at all West Sussex libraries. West Sussex County Council cannot accept any responsibility for items that are mislaid in the post.
- for your disabled person's Railcard, please check your eligibility on www.disabledpersonsrailcard.co.uk as the evidence may differ from the bus pass requirements

Table 1

<table>
<thead>
<tr>
<th>Proof of Address Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>VALID Driving licence</td>
</tr>
<tr>
<td>Recent utility bill (*)</td>
</tr>
<tr>
<td>Most recent Council Tax bill</td>
</tr>
</tbody>
</table>

* the proof of address must be no more than three months old (with the date clearly visible) and the address must be printed, not hand written.

Table 2

<table>
<thead>
<tr>
<th>Summary of Eligible Disability &amp; acceptable supporting documents (please see enclosed guidance for full criteria).</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Persons who are blind or partially sighted.</td>
</tr>
<tr>
<td>- Proof of registration with Social Services.</td>
</tr>
<tr>
<td>- If not on the Local Authority Register, evidence from an eye specialist, for example an optometrist, that you would qualify to be registered as severely sight impaired (blind) or sight impaired (partially sighted).</td>
</tr>
<tr>
<td>B Persons who are profoundly or severely deaf.</td>
</tr>
<tr>
<td>- Proof of registration on a voluntary basis with Social Services.</td>
</tr>
<tr>
<td>- Audiological report or a report from an aural specialist indicating that hearing loss has reached 70 – 95 dBHL.</td>
</tr>
<tr>
<td>C Persons who are without speech.</td>
</tr>
<tr>
<td>- Letter from your G.P., Consultant, or Senior Practice Nurse confirming that you are Without Speech.</td>
</tr>
<tr>
<td>D Persons who have a disability or have suffered an injury, which has a substantial and long term adverse effect on their ability to walk.</td>
</tr>
<tr>
<td>- In receipt of the Higher Rate Mobility Component of Disability Living Allowance for a minimum of 12 months.</td>
</tr>
<tr>
<td>- Award of Personal Independence Payment (PIP) at 8 pts or more in the moving around activity.</td>
</tr>
<tr>
<td>- In receipt of War Pensioners Mobility Supplement for a minimum of 12 months.</td>
</tr>
<tr>
<td>- Medical evidence that your walking ability is long term and substantially impaired</td>
</tr>
<tr>
<td>- In receipt of a Disabled Person's Parking Badge (Blue Badge)</td>
</tr>
<tr>
<td>E Persons who do not have arms or have long term loss of use of both arms.</td>
</tr>
<tr>
<td>- Letter from your G.P., Consultant, a Senior Practice Nurse or occupational therapist confirming your condition.</td>
</tr>
<tr>
<td>F Persons who have severe learning disabilities (a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning)</td>
</tr>
<tr>
<td>- Letter from your G.P., Consultant, or Senior Practice Nurse confirming that your learning disability meets the eligibility criteria.</td>
</tr>
<tr>
<td>- A letter from social services or a headteacher at a special needs school confirming your learning disability meets the eligibility criteria.</td>
</tr>
<tr>
<td>- Award of Personal Independence Payment (PIP) at 8 points or more in the communicating verbally activity.</td>
</tr>
<tr>
<td>Your disabilities should be permanent and have a substantial effect on your ability to carry out normal day-to-day activities.</td>
</tr>
<tr>
<td>G Persons who if applied, would have their application for a driving licence refused on the grounds of medical fitness</td>
</tr>
<tr>
<td>- Letter from D.V.L.A. confirming the refusal/revocation of a driving licence for a minimum period of 12 months, or a letter from your G.P. or another suitable medical professional confirming that you are most likely to be refused a driving licence due to your medical condition. This does not include those excluded from holding a licence due to the persistent misuse of drugs and/or alcohol.</td>
</tr>
</tbody>
</table>

You should allow at least 10 working days for your application to be considered and if approved, the pass to be issued. Note that further evidence will be required if applying for a Companion Pass. Refer to the section about the Companion Pass on the previous page for more information.

The West Sussex Bus Pass Information Line: 033 022 26222
Application form for a Disabled Person’s Bus Pass OR Disabled Person’s Railcard

☐ I am applying for a Disabled Person’s Bus Pass;

OR

☐ I am applying for a Disabled Person’s Railcard

Please ensure you supply:-

☐ One COPY of a proof of address document (Table 1)

☐ One COPY of a proof of disability document (Table 2)

☐ One passport style/sized colour photograph (NOT required if applying for a railcard)

☐ The reverse section completed IF you cannot provide

a proof of disability document

Title

Disability Category A B C D E F G

Surname

Forename

DoB (dd/mm/yyyy)

Gender (M/F)

NI No.

Address

Postcode

Telephone

Email

PLEASE READ THIS DECLARATION CAREFULLY BEFORE SIGNING YOUR FORM :- I certify that the above information is correct, that I am eligible by disability and that I am a permanent resident within the County of West Sussex and that I will abide by the conditions of use which I understand may be revised from time to time. **I confirm I have read the data protection and fair processing notices on the reverse of this form. I understand it is my responsibility to tell you if my condition improves.**

Signed by applicant ___________________________ Date ___________________

Tick ☐ if signed by power of attorney

Print name ___________________________

Clearly print your name on the reverse of your photo.

To attach photo: Peel off the white patch from the reverse of the form. Ensure that the photo is not placed upside down when placing it Face First onto the clear panel – so that the photo is visible from the front of the form.

If you have downloaded and printed this form, write your name on the back of the photo and then glue it (face up) in the box indicated or, if you must, leave it free. **DO NOT USE ADHESIVE TAPE, A PAPER CLIP OR A STAPLE. This will damage the photo.**
I can confirm that the details overleaf are correct and the applicant meets the required eligibility for a Disabled Bus Pass on the grounds that they: (Please tick one box only)

☐ are blind or partially sighted. (A)
☐ are profoundly or severely deaf. (B)
☐ are without speech. (C)
☐ have a disability or have suffered an injury, which has a substantial and long term adverse effect on their ability to walk. (D)
☐ do not have arms or have long term loss of use of both arms. (E)
☐ have severe learning disabilities. (F)
☐ would have their application for a driving licence refused on the grounds of medical fitness. (G)

Does the applicant require a companion pass? ☐ Yes ☐ No

I can confirm the applicant requires a companion pass because they require:

Please tick applicable statement and put a cross in all that do not apply. NO BOXES TO BE LEFT BLANK.

☐ Physical assistance onto or off the bus ☐ Assistance in planning or managing the journey
☐ 24/7 attendance due to their condition ☐ Assistance in identifying the correct bus

Diagnosis .................................................................................................................................
(Sight/audio scores or last seizure date, if applicable)

Expected longevity of disability: ☐ 1 year ☐ 3 years ☐ 5 years ☐ Life

Your Name and Medical Title ....................................................................................................

Contact Address ....................................................................................................................

Telephone Number (land line): ................................................................................................

Signed .......................................................... Date ..........................................................

Official Surgery Stamp
(Required)

Data Protection Act 1998

I hereby give my consent for personal information provided as part of this application to be held on computer or other relevant filing systems in accordance with the Data Protection Act 1998 for the purposes of producing my pass and administering the concessionary travel scheme. Further information and guidance is available on request.

The data provided on and with this form, including any photographic image, will be processed by Euclid Limited on behalf of West Sussex County Council for the purpose of producing your National Concessionary Bus Pass. The information will be held securely and will not be shared with any third party unless you have consented to this. The information will be used anonymously for statistical purposes.

Fair Processing notice: The Council has a duty to protect the public funds it administers. To prevent and assist in the detection of fraud, the information you provide on any forms may be shared with other public bodies responsible for auditing or administering public funds, including checks on credit reference agencies and taking part in the National Audit Office’s National Fraud Initiative.