

**APPLICATION FOR A
 DISABLED PERSONS CONCESSIONARY TRAVEL PERMIT**

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS

Mr/Mrs/Miss/Ms SURNAME

FIRST NAME

ADDRESS

.....

POST CODE TELEPHONE NO.

Day Month Year

DATE OF BIRTH

Are you registered disabled? **YES** **NO**

If **yes**, please provide proof - either:

1. Disability Living Allowance Award Letter (Showing Higher Rate Mobility Component) from DWP.
2. Disability Registration Card (Yellow - Partially/Severely Sighted, Green - Partially/Profoundly Deaf).
3. Personal Independence Payment Award Letter (8pts or more for 'Moving Around' or 'Communicating Verbally' activities)

(There is no charge for the issue of this permit. It allows free travel on any local bus service across the country)

I confirm that I meet all the requirements for eligibility in the Concessionary Fares Scheme. Tick box

SIGNED..... DATE

This authority is under a duty to protect funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. Individuals can find more information on data processing at www.slough.gov.uk/council/data-protection-and-foi/privacy-notices.aspx

EQUAL OPPORTUNITIES MONITORING

To help the council to monitor the effectiveness of our policy of Equal Opportunity, please give details of your ethnic origin. It will be treated confidentially, and used solely for statistical analysis, without reference to any individual. Which of the following best describe your ethnic origin:

- | | | | |
|--|--|--|--------------------------------------|
| White <input type="checkbox"/> UK/Eire
<input type="checkbox"/> Other European
<input type="checkbox"/> Other (Please state)
_____ | Asian <input type="checkbox"/> Indian
<input type="checkbox"/> Pakistani
<input type="checkbox"/> Other (Please state)
_____ | Black <input type="checkbox"/> African
<input type="checkbox"/> Afro-Caribbean
<input type="checkbox"/> Other (Please state)
_____ | Other (Please state)
_____ |
|--|--|--|--------------------------------------|

Sex: **Male** **Female**

PLEASE READ THE NOTES OVERLEAF CAREFULLY

You can also apply if:

You live in the Borough of Slough and at least one of the following applies:

- A. You are without speech
- B. You have a disability or have suffered an injury, which has a substantial and long term adverse effect on your ability to walk; hence in receipt of the higher rate mobility component of DLA or Personal Independence Payments (8pts or more)
- C. You do not have arms or have the long term loss of the use of both arms.
- D. You are disabled by a severe learning disability or severe mental illness.
- E. You are ineligible for holding a driving licence if you applied under Part III of the RT Act 1988 on medical grounds.
- F. Have had your application for a driving licence refused under Section 92 of the Act (Physical Fitness) otherwise on the grounds of persistent misuse of drugs or alcohol.
- G. Are in receipt of War Disabled Person Allowance.

You **will need** to provide proof if you are applying for a disabled travel permit via one of the above criteria.

You cannot apply for a disabled bus pass if:

- a. You do not live within the Borough of Slough;
- b. You have reached pension age.

Anyone who has reached pension age and over may apply to join the council's Concessionary Fares Scheme for Elderly People which offers similar travel benefits.

You will need to bring with you proof of:

- a. **Identification** - your passport or birth certificate, medical card or driving licence.
- b. **Proof of address** within the Borough of Slough eg. Council Tax bill, utility bill, bank statement dated within the last three months.

PLEASE NOTE

- You **must** apply in person for your disability travel permit.
- Your photograph will be taken onsite.
- The photo identification card must be used at all times, without it, you will have to pay the bus fare.

If there are any changes in your entitlement please notify us as soon as possible

For any enquiries please phone (01753) 475111

FOR OFFICE USE ONLY

Date issued..... Card number issued

Form checked by..... Proof of disability

SR number Proof of address