

# Concessionary Bus Travel Disability Confirmation Form

SECTION 1 – APPLICANT’S DETAILS					
Title – please tick	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other (please specify):
First name				Last Name	
Address					
Town			Postcode		
Telephone no			Date of Birth		
Signed			Date		

SECTION 2 – PLEASE TICK THE APPROPRIATE BOX	
The applicant qualifies for a Disabled Permit because he / she:	
is blind or partially sighted	<input type="checkbox"/>
is profoundly or severely deaf	<input type="checkbox"/>
is without speech	<input type="checkbox"/>
has a long term disability/injury that impairs ability to walk	<input type="checkbox"/>
does not have, or has long term loss of use of, both arms	<input type="checkbox"/>
has a learning disability, including significant impairment of intelligence and social functioning	<input type="checkbox"/>
is unable to obtain driving licence due to physical impairment (other than persistent misuse of alcohol and / or drugs)	<input type="checkbox"/>

SECTION 3 – IMPORTANT ADDITIONAL INFORMATION	
The disability identified above is of a permanent nature	Y / N
If not permanent, date on which situation should be reviewed	
The applicant needs to have a companion when travelling	Y / N

SECTION 4 – MUST BE COMPLETED WITH DOCTOR’S STAMP AND SIGNED		
Doctors Stamp:	Doctor’s signature	
	Date	

For official use only:		EEBC Stamp
Evidence seen		
<input type="checkbox"/>	Driving Licence	
<input type="checkbox"/>	Birth Certificate	
<input type="checkbox"/>	Passport	
<input type="checkbox"/>	Council Tax Bill	
<input type="checkbox"/>	Other proof of Address	

Under the terms of the Data Protection Act 1998 Epsom and Ewell Borough Council is under a legal duty to protect your personal data. The information you have provided will be used to enable a bus pass to be issued, but may be used to assist with the prevention and detection of fraud and could be shared with other bodies such as the Audit Commission for this purpose.