

SECTION 1 – APPLICANT’S DETAILS (TO BE COMPLETED BY APPLICANT)					
Title – please tick	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other (<i>please specify</i>):
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 or mental health impairment (other than persistent misuse of alcohol and / or drugs)				<input type="checkbox"/>	
IF YOU HAVE A PERMANENT DISABILITY OR REQUIRE A COMPANION PASS (see back of form), PLEASE ASK YOUR DOCTOR TO COMPLETE THE SECTION BELOW AND PROVIDE A LETTER SUPPORTING YOUR APPLICATION. IF YOU DO NOT HAVE A PERMANENT DISABILITY, PLEASE PROVIDE A REVIEW DATE FOR YOUR APPLICATION (as indicated by your proof of eligibility):					
			/	/	
SECTION 3 – IMPORTANT ADDITIONAL INFORMATION					
The disability identified above is of a permanent nature				Y / N	
The applicant needs to have a companion when travelling				Y / N	
Official Stamp:		Signature			
		Date			

For official use only:

Signature	Official stamp	
Council Tax Bill		Driving Licence
Birth Certificate		Other
Passport		(please tick evidence seen)

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.



BUS PASS - ELIGIBILITY CRITERIA - GUIDANCE FOR DISABLED PEOPLE

Eligibility for a bus pass on the grounds of disability is based on your ability to travel. To apply for a disabled person’s bus pass, you must provide an appropriate proof of an eligible disability as indicated below. You will also need to include a passport-sized photograph taken against a light background and proof of your address, e.g. a council tax bill, utility bill, or driving licence (this must be under three months old).

Eligibility	Evidence Required (In each instance, you will need to provide ONE of the documents specified below. If you have a permanent disability or require a companion pass, you will also need to provide a letter from your hospital Consultant/GP.)
Blind or partially sighted (severely sight impaired/sight impaired)	Registration card/certificate from SAVI (Surrey Association for Visual Impairment) Certificate of Vision Impairment (CVI) signed by a Consultant Ophthalmologist or Optician Certificate of Eligibility must be signed and stamped by a Consultant Ophthalmologist or Optician
Profoundly or severely deaf	Audiologist’s report Letter from a hospital Consultant/Specialist Certificate of Eligibility must be signed and stamped by a hospital Consultant/Specialist
Without speech	Letter from a specialist or a speech therapist Certificate of Eligibility must be signed and stamped by a specialist or a speech therapist
Substantial mobility or walking difficulties	Proof of Disability Living Allowance (higher rate) War Pensioners Mobility Supplement Disabled persons parking permit (Blue Badge) Certificate of Eligibility must be signed and stamped by a hospital Consultant/GP
No arms or loss of long-term use of both arms	Proof of Disability Living Allowance (higher rate) Report from a prosthetics clinic, physiotherapist or rehabilitation centre Certificate of Eligibility must be signed and stamped by a prosthetics clinic, physiotherapist or rehabilitation centre
Learning disability	<u>Adults 16 or over</u> Disability Living Allowance (higher rate or middle rate of care component if awarded on grounds of learning difficulties) Certificate of Eligibility signed and stamped by a hospital Consultant/GP <u>Children under 16</u> Disability Living Allowance (mobility or care component at any rate if either or both are awarded on the grounds of learning disabilities) Certificate of Eligibility must be signed and stamped by a hospital Consultant/GP
Unable to obtain a driving licence	DVLA refusal letter D206, D235, D220, NS57 Letter signed by a hospital Consultant/GP detailing on what grounds you are eligible for a disabled bus pass

COMPANION PASSES

Epsom and Ewell Borough Council has opted to offer the additional concession of companion passes, which allow one other person to accompany you when you travel. These are provided at the Council’s discretion and are available to applicants who are **physically unable** to travel without assistance. You will need to include evidence of this in your proof of eligibility (see above).