

Cambridgeshire and Peterborough Concessionary Fare Scheme Application Form

Please indicate your eligibility for a concessionary bus pass. **Please note that proof of eligibility and proof of residency (e.g. utility bill, official letter, in your name) will be required in all cases.**

Accepted eligibilities for concessionary travel	Accepted proofs	Tick box	Code (office use only)
I am aged 60 or over. If you were born after 5 April 1950 you will become eligible shortly after your 60th birthday. Please ask for further information.	Birth certificate or driving licence showing date of birth or passport (Other forms of identification may be acceptable if date of birth is shown.)		
<p>If I applied for a driving licence the application would be refused on the grounds of:</p> <ul style="list-style-type: none"> • epilepsy (have had an attack whilst awake within the last 12 months or an attack whilst asleep within the last 3 years) • severe mental disorder • inability to read a registration plate in good light at 20.5 metres (with lenses if worn) • other disability that would be likely to cause the driving of vehicles by me to be a source of danger <p>Those refused a driving licence through misuse of alcohol or drugs will have their application refused.</p>	DVLA letter or GP / NHS Mental Health Professional (where appropriate) to complete section overleaf		g
I have a learning disability, that is, a state of arrested or incomplete development of mind, which includes significant impairment of intelligence and social functioning. These disabilities must have started before adulthood and have a lasting effect on development. Please note that conditions such as dyslexia, dyspraxia and ADHD are not covered by this definition.	<p>School pupils: A copy of your Statement of Special Educational Needs (SEN)</p> <p>Adults aged 16 and over: Evidence (on headed paper) of attendance at or association with a local learning disability organisation or GP to complete section overleaf</p>		f
I am blind or partially sighted	Evidence of registration with an appropriate association or body (e.g. social services) or certificate of vision impairment (ask your GP to refer you to an eye specialist)		a
I am severely or profoundly deaf with an overall average hearing loss of 70dB or more	Evidence of registration with an appropriate association or body (e.g. social services) or to register please contact your local sensory support unit		b

Continued overleaf



Cambridgeshire
County Council



Huntingdonshire
District Council

Accepted eligibilities for concessionary travel	Accepted proofs	Tick box	Code (office use only)
I am without speech	GP to complete section below		c
I have a disability making walking difficult	Evidence of Higher Rate mobility component of Disability Living Allowance or War Pensioner's mobility supplement		d
I am without arms or have long-term loss of the use of both arms	Evidence of Higher Rate mobility component of Disability Living Allowance or GP to complete section overleaf		e

Your GP may make a charge for completing the form. We suggest you ask your GP to complete the form only if you cannot supply any of the other documents listed. We will not pay for any GP charges you incur in completing this form.

Applicant details (Please use block capitals when completing this form.)

Full name: (including middle names if applicable) Telephone no.: (including STD code)

..... Email address:

Title: (i.e. Mr, Mrs, Miss, Ms, Dr, etc) I confirm that all information I have given is correct and accept the conditions of the scheme, as set out in the information leaflet. I understand and agree that if necessary, contact will be made with my GP / NHS Mental Health Professional to confirm eligibility.

Date of Birth*: Gender: M..... F.....

Address: Signed:

..... Postcode: Date: *Date of birth will not be shown on your bus pass; however this information will be stored.

For office use only	Pass No.	Photocard No.	Expiry Date	Replacement Pass
				Yes No.....

Section for GP / NHS Mental Health Professional to complete

GP's / NHS Mental Health Professional's name: I certify that the applicant named above would be refused a driving licence as stated overleaf Please tick

..... or
 has a learning disability as stated overleaf
 or
 Surgery / Work address: is without speech
 or
 is without arms or has long-term loss of the use of both arms

..... Postcode: Signed:

Telephone Number: Date:

Please provide a description as to why the applicant meets the criteria:

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Practice Stamp - In the case of GPs this must be provided if your patient's application is to be considered

The council is registered under the Data Protection Act 1998 for the purpose of processing personal data in the performance of its legitimate business. Any information held by the council will be processed in compliance with the eight principles of the Act. Information you have provided may be shared with other public sector organisations for the prevention and detection of fraud. Further information relating to your rights under the Data Protection Act can be sent to you on request