



## English National Concessionary Bus Pass Information and application form for a Disabled Persons Bus Pass

Please use this form to apply for a **Disabled Persons Bus Pass** – new applicants only.

- DO NOT use this form if you require an Older Persons Bus Pass.
- DO NOT use this form for a lost/stolen Bus Pass. Please contact the Essex Bus Pass Information Line on **0345 200 0388** to order. You will normally need to pay £10 to replace a lost or spoilt pass unless the loss was as the result of theft and a Police Crime Number is supplied.
- DO NOT use this form to renew an expiring Bus Pass. If you still live at the address to which the pass was initially issued (or you have notified us of any address change since your pass was received), you will either receive your new pass automatically, or instructions on how to renew it. If you have moved address within Essex and have not informed us of the move, contact the Essex Bus Pass Information Line on **0345 200 0388**.

### Am I eligible for a Bus Pass?

If you live within the administrative area of Essex County Council i.e. pay your council tax to Essex County Council as opposed to Southend-on-Sea Borough Council or Thurrock 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 Persons Bus Pass is shown on page 2 of this form. All new (and certain 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. You will also be giving consent for us to contact the medical professional to discuss your application. 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 Persons 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:

Location	Weekdays (excluding public holidays)	Weekends and Public Holidays
Essex & Southend	9.00 a.m. to midnight	Anytime
Thurrock	9.00 a.m. to 11.00 p.m.	Anytime
Any other local authority in England (Not all authorities offer earlier discretionary start times – you should check before travel)	9.30 a.m. to 11.00 p.m.	Anytime
Transport For London Buses (you cannot use your pass on the Underground, DLR or Trams)	Anytime	Anytime

### 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. 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 details or photograph, the cost to replace it is £10. Please contact the Essex Bus Pass Information Line on **0345 200 0388**.

### 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. **Companion travel is not permitted everywhere in England. You cannot use the companion element (if applicable) of a Companion pass outside of Essex, Southend & Thurrock.**

## How long does a Pass last for?

Your pass is valid for up to 5 years. The expiry date is printed on the front of your pass. Expired passes are replaced free of charge. You may have to re-evidence your disability at renewal and we will write to you if this is the case.

## How can I obtain a Bus Pass?

To receive the Disabled Persons 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: **Essex ENCTS Bus Pass, PO Box 212, Waterlooville, PO7 6ZN.**

Your application **MUST** include:

- the completed **original** application form
- one **photocopy** of a proof of address document from Table 1 (do not send original documents)
- one **photocopy** 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.

Table 1

Proof of Address Documents	
VALID Driving licence	Proof of Pension entitlement (*)
Recent utility bill (*)	Bank statement (*)
Most recent Council Tax bill	Medical card (*)

\* 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. The application form you supply must be the original. This, plus photo will be retained for our files. If under 16, please use a recent DLA/PIP letter, medical card or bank savings statement

Table 2

Summary of Eligible Disability & acceptable supporting documents <i>(please see enclosed guidance for full criteria).</i>	
<b>A</b> Persons who are blind or partially sighted.	<ul style="list-style-type: none"> <li>• Proof of registration with Social Services.</li> <li>• 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).</li> </ul>
<b>B</b> Persons who are profoundly or severely deaf.	<ul style="list-style-type: none"> <li>• Proof of registration on a voluntary basis with Social Services.</li> <li>• Audiological report or a report from an aural specialist indicating that hearing loss has reached 70 – 95 dBHL.</li> </ul>
<b>C</b> Persons who are without speech.	<ul style="list-style-type: none"> <li>• Letter from your G.P., Consultant, or Senior Practice Nurse confirming that you are Without Speech.</li> </ul>
<b>D</b> Persons who have a disability or have suffered an injury, which has a substantial and long term adverse effect on their ability to walk.	<ul style="list-style-type: none"> <li>• In receipt of the Higher Rate Mobility Component of Disability Living Allowance for a minimum of 12 months.</li> <li>• Award of Personal Independence Payment (PIP) at 8 pts or more in the moving around activity.</li> <li>• In receipt of War Pensioners Mobility Supplement for a minimum of 12 months</li> <li>• Medical evidence that your walking ability is long term and substantially impaired</li> <li>• In receipt of a Disabled Person's Parking Badge (Blue Badge)</li> </ul>
<b>E</b> Persons who do not have arms or have long term loss of use of both arms.	<ul style="list-style-type: none"> <li>• Letter from your G.P., Consultant, a Senior Practice Nurse or occupational therapist confirming your condition.</li> </ul>
<b>F</b> Persons who have complex/severe learning disabilities that means they have "an arrested state of development" before adulthood.	<ul style="list-style-type: none"> <li>• Letter from your G.P., Consultant, or Senior Practice Nurse confirming that your learning disability meets the eligibility criteria.</li> <li>• Proof of registration with Social Services or letter confirming your learning disability from a Social Worker.</li> <li>• For children – a letter from the head teacher at a special school confirming eligibility as defined.</li> </ul>
<b>G</b> Persons who if applied, would have their application for a driving licence refused on the grounds of medical fitness	<ul style="list-style-type: none"> <li>• 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 (with a date of review). This does not include those excluded from holding a licence due to the persistent misuse of drugs and/or alcohol.</li> </ul>

You should allow at least 10 working days for your application to be considered and if approved, the pass to be issued. Please contact the Bus Pass Information Line on **0345 200 0388** if you have not received your pass in this time.

Please do not hesitate to contact the Essex Bus Pass Information Line if you have any queries regarding your bus pass, or need help with your application.

**The Essex Bus Pass Information Line: 0345 200 0388**



ECC11234

# Application form for a Disabled Persons Bus Pass

Office use only

Address	
Photo	
Disability	
Sign/Date	

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 (Print name on reverse)
- 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

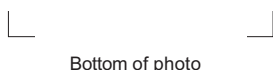
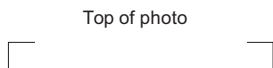
Postcode

Telephone  Mobile

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 Essex 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 \_\_\_\_\_ Date \_\_\_\_\_



**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.

**Declaration by Medical Professional** - This page must only be completed by a Medical Professional

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)

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

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.**

- |  |   |
|--|---|
| <input type="checkbox"/> Physical assistance onto or off the bus | <input type="checkbox"/> Assistance in planning or managing the journey |
| <input type="checkbox"/> 24/7 attendance due to their condition  | <input type="checkbox"/> Assistance in identifying the correct bus      |

Description of Disability .....  
(Sight/audio scores if applicable) .....

For guidance, please indicate how long the disability limitations will last in relation to the eligibility category:

1 year  3 years  5 years  Life

Your Name and Medical Title .....

Hospital/Surgery Address .....

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

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

Official Surgery Stamp  
(Required)

Should you require any further information regarding this form please contact Essex Bus Pass Information Line on **0345 200 0388**  
**You may be contacted by the card issuer to verify these details.** Any declaration you make knowing to be false could lead to prosecution.

**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 Essex 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.

**Send to:**  
**Essex ENCTS Bus Pass,**  
**PO Box 212,**  
**Waterlooville,**  
**PO7 6ZN**

**Need further help? You can:**  
**Call – 0345 200 0388**  
**Email – help@canigetapass.org.uk**  
**Web – www.canigetapass.org.uk**

**Peel off and affix  
photo FACE  
DOWN to clear  
window  
(If downloaded  
this does not  
apply)**