

England National Concessionary Travel Scheme Bus Pass Evidence to support application



This form can be used to support an application for a Disabled Person's Pass for the England National Concessionary Travel Scheme if other suitable evidence is unavailable. It should be presented by the applicant to a registered medical professional in order that they can provide information that will support assessment of the application.

A GP letter without this form will not be accepted as evidence of eligibility.

Applicant details

Name:

Date of birth:

Address:

Phone number:

Email:

I consent to medical information relating to my bus pass application being disclosed. I consent to Kent County Council contacting the medical professional named overleaf if further information or clarification is needed to progress my bus pass application and I authorise the medical practice named, to disclose this information to Kent County Council.

Applicant signature:

Date:

Details of registered medical professional:

Name and address of medical establishment:

Name and position of medical professional:

Contact telephone number:

E-mail address:

Please indicate your patient's disability category (you can tick more than one)

Disability category	Tick
Category A: Blind or partially sighted	
Category B: Profoundly or severely deaf	
Category C: Without speech	
Category D: Have a severe walking disability	
Category E: Have no arms or can't use BOTH your arms.	
Category F: Have a learning disability	
Category G: Would be refused a driving licence on medical grounds by the DVLA	

Please indicate the answers that apply to your patient's disability

Yes/ No

Is your patient registered blind or entitled to be registered blind?	
Has your patient's hearing loss reached 70 – 95 dBHL (are they entitled to be registered as severely or profoundly deaf?)	
Is your patient completely unable to use speech to communicate in any language?	
Is your patient completely unable to walk even with walking aids?	
Would the exertion of walking result in a serious deterioration in your patient's health, either immediately or later, requiring medical treatment to recover?	
Does your patient need to swing through crutches in order to walk?	
Can your patient walk 100 metres within 5 minutes?	
Does the exertion of walking cause your patient severe breathlessness, pain or seizure either at the time or later on?	
Is your patient completely unable to use both of his/ her arms?	
Does your patient have a learning disability which makes them unable to understand new or complex information easily, learn new skills or cope independently and do they qualify for specialist services provided by Kent County Council because of their learning disability? (Patients with ASD, Asperger's and similar learning difficulties do not qualify unless these conditions are accompanied by a learning disability. Please bear in mind the difference between learning difficulty and learning disability.)	
If your patient applied for a driving licence, do you believe they would be refused one on medical grounds (regardless of whether or not they have ever learned to drive)? Patients banned due to drug and/or alcohol abuse or other driving offences do not qualify.	
Do you believe your patient's disability usually makes them unable to undertake bus journeys without a companion to assist them?	

Please state how long you expect your patient's medical condition to last:

Is there anything relevant to your patient's bus pass application that you would like to add?

I confirm that I am a registered medical professional and that the information provided above is correct.

Signature:

Date:

Surgery/ clinic/ department stamp:

Thank you for your assistance. More information is available at www.kent.gov.uk/buspass