

# English National Concessionary Travel Scheme

## Disabled Person's Application Form

Concessionary Travel passes are awarded to people of fare paying age (currently five years old and above) who qualify under any of the seven categories of disability defined by the Transport Act 2000. **The qualifying conditions of the seven categories are very specific and your disability must be long term or likely to last at least 12 months.**

Applicants must reside permanently in the Local Authority they are applying to.  
The categories are:-

- A Registered blind or partially sighted.
- B Severely or profoundly deaf.
- C Without speech.
- D Disability or injury which has a substantial and adverse effect on ability to walk.
- E Loss of the use of both arms or without arms.
- F Learning disability (not difficulty).
- G Would be refused a licence to drive a motor vehicle, or have had a licence withdrawn on the grounds of physical fitness, other than on the grounds of persistent misuse of alcohol or drugs; for example:
  - i. Uncontrolled epilepsy.
  - ii. Severe mental disorder.
  - iii. Liability to sudden attacks of giddiness or fainting (whether as a result of cardiac disorder or otherwise).
  - iv. Inability to read a registration plate in good light at 20.5m (with lenses).
  - v. other disabilities (for example vascular dementia, locomotor, renal or neurological disorder).

**Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity and evidence of eligibility. The local authority may refuse to issue a pass if you do not provide adequate evidence that you meet the eligibility criteria or your application may be returned.**

# English National Concessionary Travel Scheme



## Disabled Person's Application Form

Use this form to apply for a disabled person's English National Concession Travel Scheme bus pass.

Please fully complete part one "About You". If you are applying by post you must supply a recent passport style and quality colour photograph. Please note hats and sunglasses must not be worn in the photograph; head coverings for religious reasons may be worn but these must not obscure the face. The provision of your National Insurance number is not mandatory but would be helpful. We will only contact you by phone if we have a question relating to your application or your NoWcard bus pass.

Complete your application by entering details of your disability in part two "Disabilities and Medical Conditions", then sign and date your application.

Submit your application by following the instructions on page 6 on where to take or post your application. Remember to enclose your supporting documentation, proof of address, proof of identity/date of birth and proof of your disability, with your application.

If you have any questions relating to the completion of your application, please call the NoWcard Helpdesk – 0300 123 6737.

### About NoWcard

NoWcard is a partnership between Cumbria and Lancashire County Councils and Blackburn with Darwen Borough and Blackpool Councils.

### Further Help and Information

If you need additional help or information with your application please contact your local authority directly or call NoWcard Helpline.

### Medical Assessment

Where there is any doubt about eligibility, your local authority may seek independent medical evidence to inform their decision. If we need you to have an assessment we will pass any information you have given us to an independent organisation who will carry out the assessment for us.

### Charges

We cannot refund any charges you may have to pay your medical specialist for providing evidence of your disability.

## Part 1: About You



# English National Concessionary Travel Scheme

**Nowcard**  
0300 123 6737  
www.nowcard.org

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Title	Miss/Ms/Mrs/Mr/Other <input type="text"/>	
First Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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Local Authority	<input type="text"/>	(The authority you pay council tax to)

FOR POSTAL  
APPLICATIONS  
ATTACH  
PHOTO HERE

Do you hold a valid Driving Licence? Full ☐ Provisional ☐ No ☐

You will need to provide one of the following as proof of your address dated within the last three months:

- Council Tax Bill dated within the last 12 months
- Utility Bill • Rent Book/Statement • Bank Statement
- Benefit award letter dated within the last 12 months

And proof of your identity and date of birth:

- Birth Certificate • Driving Licence
- Passport

**PLEASE SEND PHOTOCOPIES ONLY, DO NOT SEND ORIGINAL DOCUMENTS AS THEY CANNOT BE RETURNED AND WILL BE DISPOSED OF SECURELY ONCE THE APPLICATION HAS BEEN PROCESSED.**

For Office Use Only

### Disability

Sight ☐ Hearing ☐ Speech ☐ Learning ☐ Arms ☐ Walking ☐ Driving ☐

## Part 2: Disabilities and Medical Conditions

On submission of your application please provide the necessary evidence for the category for which you are applying.

**PLEASE SEND PHOTOCOPIES ONLY, DO NOT SEND ORIGINAL DOCUMENTS AS THEY CANNOT BE RETURNED AND WILL BE DISPOSED OF SECURELY ONCE THE APPLICATION HAS BEEN PROCESSED.**

A. **I am registered blind or partially sighted** ☐

Evidence required (one of the following):-

- Proof of registration
- Certificate of vision impairment (CVI) form or BD8
- A letter from an eye specialist confirming that you are blind or partially sighted or that you are eligible for Blind Persons Tax Allowance
- Armed Forces Compensation Scheme award document showing details of the relevant disability

**Badge Ref:**  **Expiry Date:**

B. **I am severely or profoundly deaf** ☐

Evidence required:-

- Audiological report from an aural specialist indicating hearing loss has reached 70-95 dBHL in both ears. The hearing loss will be calculated from the better ear and taken as an average across the normal hearing spectrum
- Armed Forces Compensation Scheme award document showing details of the relevant disability

C. **I am without speech** ☐

This does not include persons whose speech is slow or difficult to understand because of, for example, a severe stammer.

Evidence required:-

- Personal Independence Payment (PIP) 8 points or more (Communicating verbally)
- Evidence from a medical professional that you are unable to communicate orally in any language

## Part 2: Disabilities and Medical Conditions

D. I have a walking disability ☐

1. Have you ever applied for Disability Living Allowance (DLA) or Personal Independence Payment (PIP)?

Yes ☐ No ☐

Date of application  Date of award

2. Do you receive the Higher Rate Mobility Component of Disability Living Allowance (DLA) or receive Personal Independence Payment (PIP) **with a score of at least 8 points on the 'MOVING AROUND' element?**

Yes ☐ No ☐

3. Do you receive the War Pensions Mobility Supplement or a benefit under the Armed Forces Compensation Scheme?

Yes ☐ No ☐

Evidence required:-

- If **yes** to any of the above we need to see the full award letter that confirms you have been awarded DLA, PIP, War Pensions mobility supplement or a lump sum under the Armed Forces Compensation Scheme.
- If **no**, you may still qualify if you have a disability or have suffered an injury which has a substantial and long-term adverse effect on your ability to walk or be unable to walk at all.

Evidence required:-

- A letter from an independent medical specialist (e.g. consultant) detailing your condition and its affect on your ability to walk.

4. How far can you walk without stopping, getting a lot of pain or needing help from another person? Write the distance next to one measurement below:

Metres  Yards  Miles

## Part 2: Disabilities and Medical Conditions

Please provide a brief description of your walking difficulties and medical conditions that affect your ability to walk

4b Do you require any walking aids?

Yes ☐ No ☐

If **Yes** please provide details

**Your Local Authority may ask you to attend an assessment to verify the extent of your walking disability or contact you to discuss your mobility difficulties further.**

E. I am without the use of both arms ☐

Evidence required:-

- Medical evidence to support that you are unable to use both arms for day to day tasks
- Armed Forces Compensation Scheme award document showing details of the relevant disability

F. I have a learning disability ☐

**This is a state of arrested development of mind which includes significant impairment of intelligence and social functioning.** The learning disability must have started before adulthood and have a lasting effect on development. This means a significantly reduced ability to understand new or complex information, a significant difficulty in learning new skills and be unable to cope independently, e.g. household tasks, socialising or managing money – which affects someone for their whole life.

## Part 2: Disabilities and Medical Conditions

This includes:-

- Down's Syndrome
- Severe autistic spectrum disorders
- Other learning disabilities which mean that you;
  - Have difficulty in understanding new and complex information, **and**
  - have difficulty learning new skills, **and**
  - are not able to cope independently

**You will not be eligible under this category because of:-**

- Dyslexia or attention deficit disorder – these would not qualify as 'significant impairment of intelligence and social functioning'.
- Dyspraxia – this is incomplete physical development, rather than incomplete development of mind
- Mild or moderate autistic spectrum disorders
- Mental Health problems
- ADHD – Attention deficit hyperactivity disorder
- Any condition which started after you became an adult (e.g. brain injury)

Evidence required (one or more items):-

- Letter from the manager of the residential home or supported accommodation where you are a resident
- Letter from a medical professional or Social Services who has you under their care, stating that you have a learning disability as defined above
- Statement of Special Educational Needs or Education Health & Care Plan (EHC) (stating moderate/severe learning disability)

G. **I have a medical condition that means I am unable to apply for/hold a UK driving licence.** ☐

If you hold a valid driving licence (full or provisional), or your condition is a direct result of the **misuse of drugs or alcohol** you will not be eligible under this category.

This category covers disabilities which are likely to cause your driving of vehicles to be a source of danger to the public. For example dementia, cardiac disorders, severe mental disorders and long term epilepsy.

Please provide details of your condition/s:-

## Part 2: Disabilities and Medical Conditions

Evidence required (one or more items):-

- Recent letter from the DVLA detailing the reason for refusal or withdrawal of your licence for a minimum of 12 months
- Letter from a medical professional or specialist (letters from your own GP are not accepted), confirming that you are unfit to drive, detailing the reason and the length of time for which you will be unable to drive.
- Armed Forces Compensation Scheme award document showing details of the relevant disability

Should your condition change and you are allowed to drive again then your Concessionary Travel Pass, NoWcard should be returned to your local authority. Failure to do so may lead to your authority recovering the costs of concessionary travel from the date of re-issue of a driving licence.

## Other Information in Support of your Application



## Other Information in Support of your Application

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, providing a template for writing or drawing. The background is a clean, solid white color.

# Submitting your Application

Please post your application and documents to:

NoWcard Disability Application  
PO Box 100  
County Hall  
Preston PR1 0LD

**PLEASE SEND PHOTOCOPIES ONLY, DO NOT SEND ORIGINAL DOCUMENTS AS THEY CANNOT BE RETURNED AND WILL BE DISPOSED OF SECURELY ONCE THE APPLICATION HAS BEEN PROCESSED.**

## Declaration:

I certify that the information given above is correct and that the address given is my sole or principal residence. I agree to an examination of any council records in processing this application and understand that if any details are found to be false or my pass is used contrary to the published terms and conditions (see [www.nowcard.org](http://www.nowcard.org) for terms and conditions of use), my pass will be cancelled and I may have to pay any cost arising from the issue or use of the pass. The information on this form will be used for the administration of NoWcard's English National Concessionary Travel Scheme. The data controller is your Local Authority. The Authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

**Signature:**

**Date:**

**As recommended by the DfT, in order to avoid compromising the doctor/patient relationship, using an applicant's GP to verify that an individual meets the criteria for a concessionary travel pass is regarded as an unsatisfactory arrangement for both the GP and the administrators of the scheme. Therefore evidence will only be accepted from a medical professional, specialist, occupational therapist or consultant confirming your disability.**