



**WARRINGTON**  
Borough Council

**Application for a Concessionary Bus Pass for Disabled People**

**Eligible with further assessment for Adults and Children**

Disabled Adults, Children and Young People who may be issued with a Disabled Bus pass with further assessment are those who fall within one or more of the following categories who are **not** in receipt of Disability Benefits:

- **Profoundly or severely deaf**
- **Without Speech**
- **Has a disability, or has suffered an injury, which has a substantial and long-term adverse effect on ability to walk**
- **Does not have arms or have long-term loss of the use of both arms**
- **Has a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning**
- **Would, if applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, have the application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the ground of persistent misuse of drugs or alcohol**

Please see page 2 for a list of suitable evidence

During the application process, we may ask you attend a face to face eligibility assessment

**Please return your application and supporting evidence either by,**

- email to: [bluebadge@warrington.gov.uk](mailto:bluebadge@warrington.gov.uk)
- post to: Blue Badge Team, Warrington Borough Council, East Annexe, Town Hall, Sankey Street, Warrington WA1 1UH

If you need help to complete the application form, please visit Contact Warrington

Please do not send original documents to us by post (apart from your photograph); we will accept photocopies of documents requested. We cannot return photocopies but will destroy them securely once we have checked them.

<b>Proof of Residence</b>	Valid Driving Licence, DWP/Pensions letter, Council Tax Bill
<b>Proof of Identity</b>	Passport, driving licence, birth certificate, marriage certificate
<b>1 passport size photograph</b>	Must be recent (within 1 month) and of passport quality, showing a close up of the applicant's head and shoulders, without a hat, facing forwards looking directly at the camera on a plain white background

**Please include the supporting evidence for the category you are applying under.  
If you don't supply supporting evidence, it may delay your application.**

<b>Profoundly or severely deaf (Section 2a)</b>
<ul style="list-style-type: none"> <li>The Deaf Society can provide confirmation of your condition. Their representative can sign &amp; stamp section 2a of this application. They are based at: 13 Wilson Patten Street, Warrington, WA1 1PG (Open Wednesday 1pm-4pm)</li> <li><b>OR</b></li> <li>Copy of an audiological report stating hearing levels or confirmation from an audiologist specialist confirming that hearing loss has reached 70dBHL or higher.</li> </ul>
<b>Without Speech (Section 2b)</b>
<ul style="list-style-type: none"> <li>Confirmation of your condition from a medical professional, speech therapist or summary of care record confirming you cannot speak <b>OR</b></li> <li>Copy of your PIP award (dated within the last 12 months), showing 8 points or more for the 'communicating verbally' activity.</li> </ul>
<b>Has a disability, or has suffered an injury, which has a substantial and long-term adverse effect on ability to walk (Section 2c)</b>
<ul style="list-style-type: none"> <li>Evidence of medical condition(s) - please provide copies of any up to date information from any medical professional which confirms your medical condition(s). This must explain your current mobility problems and how the problems may or may not improve in the future. It is an applicants' decision which medical professional they request the information from, please be aware there may be a charge.</li> <li>Evidence of surgery or treatment.</li> <li>Copy of prescription or medication list.</li> </ul>
<b>Does not have arms or have long-term loss of the use of both arms (section 2d)</b>
<ul style="list-style-type: none"> <li>Please provide evidence from your medical professional involved in your care confirming your medical conditions and your loss of both arms or long-term loss of use of both arms.</li> </ul>
<b>Would, if applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, have the application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the ground of persistent misuse of drugs or alcohol (Section 2e)</b>
<ul style="list-style-type: none"> <li>Confirmation from a medical professional/ DVLA confirming your licence has been revoked or would be refused due to your medical diagnosis. This must be dated within 1 month.</li> </ul> <p>Eligibility under this category will be considered on the grounds of physical fitness regardless of age. Anyone who has been refused a driving licence or is likely to be refused a driving licence through a persistent misuse of drugs or alcohol will not qualify for a national bus pass. It is not a condition of entitlement under this category that a person should apply for and be refused a driving licence in order to verify they are eligible.</p>
<b>Has a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning (Section 2f)</b>
<p><b>Please enclose at least one item of proof from the list below:</b></p> <ul style="list-style-type: none"> <li>Support plan from Social Services</li> <li>Letter from CAMHS confirming a learning disability</li> <li>Letter from a consultant paediatrician confirming a learning disability</li> <li>An educational health and care plan which clearly states you have a learning disability</li> <li>Letter from an educational psychologist or special needs co-ordinator (SENCO)</li> </ul>



**Application for a Concessionary Bus Pass for Disabled People**

**Eligible with further assessment for Adults and Children**

**FOR OFFICE USE ONLY**

Date received		Proof of address	
CRM number		Proof of identity	

**Section 1: Information about you (all applicants must fill in this section)**

<b>Title</b> (Mr, Mrs, Miss etc.)				<b>Gender</b>	
<b>First names</b> (in full)					
<b>Surname</b>				<b>Date of Birth</b>	
<b>Current Address</b>					
<b>Postcode</b>			<b>Telephone</b>		
<b>Email</b>					
<b>Previous Address</b> (if moved in last 3 years)					
<b>Do you hold a current Bus Pass?</b>	<b>Yes</b>		<b>No</b>		<b>Current Bus Pass number</b>
<b>Photograph:</b>  <b>Dimensions:</b>  <b>45mm x 35mm</b>	<p>Must be recent (within 1 month) and of passport quality, showing a close up of the applicant's head and shoulders, without a hat, facing forwards looking directly at the camera on a plain white background.</p> <p>Please ensure that your name is on the back of the photograph and you have completed Section (3b) of the application form to confirm that the photograph is a true likeness.</p> <p>Alternatively, your photograph can be taken at Contact Warrington for a fee of £4.</p>				

**Section 2: Please complete one section which applies to you**  
**Tick which criteria applies to you (below) and fill in the section noted at the side of that criteria**  
**Please provide supporting documents for the criteria you are applying under as detailed on page 2**

- I am profoundly or severely deaf  Please fill in section 2a & section 3
- I am without speech  Please fill in section 2b & section 3
- I have severe difficulty walking  Please fill in section 2c & section 3
- I do not have arms or have long-term loss of the use of both arms  Please fill in section 2d & section 3
- I am unable to drive for medical reasons  Please fill in Section 2e & section 3
- I have a learning disability  Please fill in Section 2f & section 3

**Section 2a: People with a profound or severe hearing loss in both ears**

<b>Are you profoundly or severely Deaf?</b>	<b>Yes</b>		<b>No</b>		Stamp:
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If **Yes**, please provide evidence as detailed on page 2 or have this section stamped by the deaf society.

**Section 2b: People without Speech**

This section only applies to people who cannot speak (in any language). It does not include people whose speech is slow or difficult to understand, for example due to a severe stammer.

<b>Are you without Speech?</b>	<b>Yes</b>		<b>No</b>	
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If **Yes**, please provide evidence as detailed on page 2

**Section 2c: People who have a disability or have suffered an injury which has a substantial and long-term effect on their ability to walk**

Please make sure the information you provide is accurate, describes your medical condition(s) and your ability to walk. You may be asked to attend an assessment based on the evidence you provide in this form.

<b>Do you have a disability or have suffered an injury which has a substantial and long-term effect on your ability to walk?</b>	<b>Yes</b>		<b>No</b>	
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If **Yes**, please complete **Section 2c** in full and provide evidence as detailed on page 2

<b>Have you been issued with a disabled persons' parking badge (Blue Badge)?</b>	<b>Yes</b>		<b>No</b>	
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If **Yes**, please provide the first six digits of your badge number here

**Please describe any medical conditions / disabilities which affect your walking. If you know the medical terms for the condition you have been diagnosed with please include them.**


Section 2c continued

Please describe any surgeries, courses of treatment or specialist clinics you have undergone in relation to each medical condition / disability you have mentioned; please include dates.									
Surgeries / courses of treatment / specialist clinics				Date surgery / treatment received					
Please enclose a copy of your current prescription or medication list with this application									
Are you currently taking any pain relief in relation to the medical conditions / disabilities you mentioned above? If Yes, please explain below what pain relief you take and how frequently you need it.									
Are you currently... (please tick which statements apply to you)									
Awaiting surgery in relation to the conditions described above?									
Recuperating from surgery in relation to the conditions described above?									
Awaiting treatment for any of the conditions described above?									
Managing your condition/disability since you have been advised it is not expected to improve any further?									
None of the above									
Please give details of the healthcare professionals, or specialists (including your GP) who have been treating you in relation to the conditions / disabilities described above.									
Name		Job title		Hospital / Health Centre		Telephone number			
Do you anticipate that your condition will improve in the next 3 years?				Yes		No		Don't know	
If Yes, please describe how you expect your condition to improve									

**Section 2c continued**

<b>Please tick the statements below that best describe your walking ability</b>				
I am able to walk well, including recreational walks				
I am able to walk around the supermarket to do my own shopping				
I am able to walk and can use public transport for some of my local trips				
I am able to walk, but struggle with longer distances or hills				
I am able to walk, but get breathless if I walk for more than a few minutes				
I am able to walk, but find it too painful to walk for more than a few minutes				
I am able to walk but use a wheelchair for longer trips outside the home				
I am able to walk around my home, but am unable to climb the stairs				
I am unable to walk at all				
Other (please describe below)				
<b>Are you able to walk outside without help?</b>			<b>Yes</b>	<b>No</b>
If <b>No</b> , please describe the help you need in the space below:				
<b>Where, in your local area, can you comfortably walk to from your home?</b>				
Please state a specific location or landmark which could be found on a map, e.g. a shop, street address or park				
<b>Please tick the box below that best describes the way you walk</b>				
Normal	No Specific Problems			
Adequate	You walk with a slight limp			
Poor	You walk with a heavy limp, stiff leg or shuffle, or have problems with balance			
Extremely Poor	You drag your leg, stagger, swing through two crutches or need physical support			
Other (please describe below)				

**Section 2c continued**

<b>Do you use any of the following walking aids?</b> (You can tick more than one box)			
1 Elbow Crutch		2 Elbow Crutches	
1 Walking Stick		2 Walking Sticks	
Zimmer Frame		Rollator	
Wheelchair		Powered Wheelchair	
Other (please state)			
<b>Who provided your walking aid; and how often and where do you use the equipment?</b> (Please tick the boxes which apply, you can tick more than one box)			
Social Services		Sometimes	
Health Care Professional		Always	
Purchased Privately		Indoors	
On Loan		Outdoors	
Other (please state)			
<b>How far would you estimate you are able to walk?</b>			
<p>The following information may help you judge the distance you can walk</p> <ul style="list-style-type: none"> <li>• The average adult step is just less than one metre, which is 1.1 yards or 3 feet and 4 inches.</li> <li>• If you walk alongside someone and they take 100 steps you would have walked roughly 90 metres, or 100 yards.</li> <li>• The average double-decker bus is about 11 metres, or 12 yards, long.</li> <li>• A tennis court is about 24 metres, or 26 yards, long.</li> <li>• A full size football pitch is about 100 metres, or 110 yards, long.</li> </ul>			
<b>How far would you estimate you are able to walk before you feel severe discomfort?</b>		<b>Metres</b>	<b>Yards</b>
<b>Roughly how much time would you estimate it takes you to walk this distance?</b>			<b>Minutes</b>
<b>Are you able to continue walking after a short rest?</b>	<b>Yes</b>		<b>No</b>
<b>If Yes, roughly how long are you able to walk for in total?</b>			<b>Minutes</b>
Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?	<b>Yes</b>		<b>No</b>
Do you get short of breath walking with other people of your own age on level ground?	<b>Yes</b>		<b>No</b>
Do you have to stop for breath when walking at your own pace on level ground?	<b>Yes</b>		<b>No</b>
Do you get breathless to leave your home, or after dressing?	<b>Yes</b>		<b>No</b>

<b>Section 2d: People who do not have arms or have long-term loss of the use of <u>both</u> arms</b>			
Are you without <b>both</b> arms?	<b>Yes</b>		<b>No</b>
Do you have long-term loss of the use of <b>both</b> arms?	<b>Yes</b>		<b>No</b>
If <b>yes</b> , please provide a letter from your GP or a health professional involved in your care confirming your medical conditions and your loss of both arms or long-term loss of use of both arms.			

**Section 2e: Please only complete this section if you have been refused a driving licence.**

**Would, if applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, have the application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the ground of persistent misuse of drugs or alcohol**

<b>Has your driving licence been <u>refused</u> for reasons other than for the persistent misuse of drugs or alcohol?</b>	<b>Yes</b>		<b>No</b>	
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If **Yes**, please tick the relevant box below to show which of the conditions results in you being medically unfit to drive **and** attach medical evidence to this application

**Please only complete the sections below if you have been refused a driving licence or would be refused a driving licence if you applied for one**

<b>Epilepsy or sudden attacks of fainting and giddiness</b> (the bar is not automatic and depends on the circumstances)	<b>Yes</b>		<b>No</b>	
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Please confirm the date of your last seizure/attack:

<b>Severe Mental Disorder</b> (the bar is not automatic and depends on the circumstances)	<b>Yes</b>		<b>No</b>	
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Please state the name of your diagnosis:

<b>Restricted field of vision or inability to read a registration plate in good light at 20.5 metres (with lenses if worn)</b>	<b>Yes</b>		<b>No</b>	
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Please describe your medical condition:

<b>Other Disabilities which are likely to cause the driving of vehicles to cause danger to the public</b>	<b>Yes</b>		<b>No</b>	
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Please provide details of your disability and how this prevents you from being able to drive:



## Section 2f: People with a learning disability

Before completing this section, please read the notes and answer the questions below:

### Guidance for concessionary travel defines 'learning disability' in this way:

A person with a learning disability has a reduced ability to understand new or complex information, a difficulty in learning new skills, and may be unable to cope independently.

### A person will be eligible under this category if;

They have a learning disability that is a state of arrested or incomplete development of mind **which includes** significant impairment of intelligence **AND** social functioning. The disability **must have started before adulthood** and have a lasting effect on development.

### You will not be eligible if;

- You have dyslexia, dyspraxia or attention deficit disorder – these would not qualify as 'significant impairment of intelligence and social functioning'
- your intelligence is not impaired, even if your disability affects your social functioning
- you are applying because of mental health problems
- your condition started after you became an adult

**You may still qualify if your condition is so severe that you would be refused a driving licence (see Section 2e)**

<b>Do you have a learning disability?</b>	<b>Yes</b>		<b>No</b>	
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If **Yes**, please tell us about your learning disability:

<b>At what age was your learning disability diagnosed?</b>				
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<b>Do you have a support plan in place?</b>	<b>Yes</b>		<b>No</b>	
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Please provide the name and contact details of your social worker, SENCO or medical practitioner:

**The following questions apply to children age 5 to 18 only**

<b>Do you attend a special school for people with learning disabilities?</b>	<b>Yes</b>		<b>No</b>	
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If **Yes**, please tell us which school and describe any extra help you receive in school:

<b>Do you have an 'education health and care plan' confirming a learning disability?</b>	<b>Yes</b>		<b>No</b>	
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If **Yes**, please attach a copy of your plan to this application

<b>Do you receive help from the Child and Adolescent Mental Health Service (CAMHS)?</b>	<b>Yes</b>		<b>No</b>	
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<b>Do you have a consultant paediatrician?</b>	<b>Yes</b>		<b>No</b>	
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If **Yes**, please provide the details of your consultant:

**Section 3: Further information, declarations and signatures**

Further information – please add any additional information which you think is relevant in support of your application for a Bus Pass.

Please tick each box to show you have read, understand and agree with each declaration.

Not ticking one of these declarations may mean we are unable to issue you with a Disabled Person’s Bus Pass.

I confirm that, as far as I know, the details I have provided are complete and accurate. I realise that you may take action against me if I have provided false information in this application form.

I confirm that the photograph I have submitted with my application is a true likeness.

I confirm that I do not currently hold a Bus Pass that has been issued by a different local authority.

I understand that I must promptly inform my local issuing authority of any changes that may affect my entitlement to a pass.

This 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, for example as part of the National Fraud Initiative.

For further information on how we share data for this purpose, see the Privacy Policy on the Authority’s website or contact Internal Audit on 01925 442217.

Find out more about the National Fraud Initiative using the following link -

<https://www.gov.uk/government/collections/national-fraud-initiative>

I understand that the medical information I have supplied to support this application is deemed to be “sensitive personal data” and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Bus Pass scheme and other Government Departments or agencies, to validate proof of entitlement.

I agree to the local authority contacting an accredited healthcare professional if necessary, for the purpose of obtaining further information in support of my application.

I understand that I may be required to undertake a mobility assessment with a healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a Bus Pass.

I agree that, if my application is successful, I will not allow any other person to use the bus pass for their benefit and I agree that I will use the bus pass in accordance with the rules of the scheme.

**3a) Optional declaration about the information you have provided and the application process**

I consent to the local authority checking any information already held by the Council’s Social Care department on the basis that:

- It can help determine my eligibility for a Bus Pass
- It may speed up the processing of my application
- It may enable a decision to be made without the need for a mobility assessment

**3b) Checklist of documents you may need to enclose**

Please ensure you have enclosed all of the relevant documents for the sections of this application form you have completed. We have provided a checklist below to help remind you of what you need to enclose. Please refer to the list of evidence required on page 2.

**Please Note: Incomplete applications will be returned**

Proof of your address, dated within the last 3 months (if you have not given consent for us to check Council Tax / Electoral Role / School records)	
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Supporting medical information	
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A copy of proof of your identity	
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One passport style photograph with your name written on the back	
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**Signature – by signing the application form you agree to the declarations ticked in section 3**

Please print your name:	
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Your signature:	
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Date of application:	
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**If you have completed this on behalf of the applicant, please complete the boxes below**

Please print your name:	
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Your signature:	
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Date of application:	
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Contact telephone number:	
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**Please return your documents either by:**

- email to: [bluebadge@warrington.gov.uk](mailto:bluebadge@warrington.gov.uk)
- post to: Blue Badge Team, Warrington Borough Council, East Annexe, Town Hall, Sankey Street, Warrington WA1 1UH