



WARRINGTON
Borough Council

Application for a Concessionary Bus Pass for Disabled People

Eligible without further assessment for Adults and Children

Disabled Adults, Children and Young People who may be issued with a Disabled Bus pass without further assessment are those who fall within one or more of the following descriptions:

- **Is registered blind (severely sight impaired) or partially sighted**
- **Receives the Higher Rate of the Mobility Component of the Disability Living Allowance (the award letter must be dated within the last 12 months)**
- **Score 8 points or more of the "Moving Around" and/or "communicating verbally" activities of the Personal Independent Payment (the award letter must be dated within the last 12 months); or**
- **Receives a War Pensioner's Mobility Supplement**

Please see page 2 for a list of suitable evidence

Please return your application and supporting evidence either by,

- email to: 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



Application for a Concessionary Bus Pass for Disabled People

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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)

Title (Mr, Mrs, Miss etc.)		Gender	
First names (in full)			
Surname		Date of Birth	
Current Address			
Postcode		Telephone	
Email			
Previous Address (if moved in last 3 years)			
Do you hold a current Bus Pass?	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Current Bus Pass number	
Photograph: Dimensions: 45mm x 35mm	<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: Eligibility (all applicants must fill in this section)				
Please provide supporting documents for the criteria you are applying under as detailed on page 2				
2a) Are you registered blind or partially sighted?	Yes		No	
2b) Do you receive the Higher Rate Mobility Component of Disability Living Allowance?	Yes		No	
If yes , have you been awarded this benefit indefinitely?	Yes		No	
If no , when is your award of this benefit due to end?				
2c) Do you receive Personal Independence Payment with a score of 8 or more for moving around or communicating verbally ?	Yes		No	
If yes , have you been awarded this benefit for an ongoing period?	Yes		No	
If no , when is your award of this benefit due to end?				
What is your score for each category?				
Moving around: <input type="text"/> Communicating Verbally: <input type="text"/>				
Please provide a copy of a letter from the Department for Work and Pensions showing proof that you are entitled to this benefit, including details of your score. The letter must be dated within the last 12 months.				
2d) Do you receive the War Pensioner's Mobility Supplement?	Yes		No	

Section 3 – Further information, declarations and signatures.	
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.	<input type="checkbox"/>
I confirm that the photographs I have submitted with my application are a true likeness.	<input type="checkbox"/>
I confirm that I do not currently hold a Bus Pass that has been issued by a different local authority.	<input type="checkbox"/>
I understand that I must promptly inform my local issuing authority of any changes that may affect my entitlement to a pass.	<input type="checkbox"/>
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	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>

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

3b) Checklist of documents you may need to enclose

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)

Proof of your award letter / eligibility information

A copy of proof of your identity

One passport-style photograph with your name on the back

Signature – by signing the application form you agree to the declarations ticked in section 3

Please print your name:

Your signature:

Date of application:

If you have completed this on behalf of the applicant, please complete your details below

Please print your name:

Your signature:

Date of application:

Contact telephone number:

Please return your documents either by:

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