

**CONCESSIONARY BUS PASS APPLICATION / RENEWAL FORM**

**English National Concessionary Travel Scheme**

Please complete this form in **BLACK INK** and **CAPITAL LETTERS**.

**Please note:** Incomplete application forms cannot be processed and may be returned, delaying your application. Please do not enclose original documents as we cannot be held responsible should your application be lost in the post.

Please return the completed form and copies of required documents to:

**Concessionary Fares Smartcards, Customer Service, Town Hall, Luton. LU1 2BQ**

Please ensure that the correct postage is applied. We cannot accept applications sent with insufficient postage. Your application should be processed within 15 working days of receipt. **If you need help with this form, please contact us on 01582 547256**.

**1. I am applying for: Older Person’s Pass: New**  **Renewal**

**Disability Pass: New**  **Renewal**

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**2. Existing Bus Pass**

**Number** (*if renewing*)**:**

**3. Title:** Mr  Mrs  Miss  Ms  Other: ………………..

**4. Forename(s) or given name(s):**

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**5. Surname or Family Name:**

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**6. Date of Birth:**

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**7. National Insurance Number:**

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| POSTCODE: | | | | | | | | | | | | | | | | | | L | U | 0 |  | 0 | A | A |

**8. Your Permanent Address :**

Please attach a copy of one of the following items which should be dated within the last 3 months.

Utility Bill  Council Tax Bill  Bank / Credit Card Statement

**Note:** Permanent residency is based on where you reside throughout the year. If you only reside in the UK for part of the year, then this is not classed as a permanent residence for the purpose of a bus pass application, even if Council Tax payments are made on the property.

| 0 | 1 | 5 | 8 | 2 |  | 0 | 0 | 0 | 0 | 0 | 0 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 7 | 0 | 0 | 0 |  | 0 | 0 | 0 | 0 | 0 | 0 |

**9. Telephone No:**

**10. Mobile No:**

**11. Email Address:**

**12.** If you are applying for a bus pass on grounds of pensionable age, please attach a **copy** of one of the following items:

Passport  Birth Certificate  Driving Licence  Pension Award Letter

**13. Disabled eligibility and documents required for application**

The table below indicates the type of disability you may apply under. Please tick the appropriate eligibility code and provide copies of the appropriate documentation. Failure to do so may delay your application.

| Eligibility Code | Disability Criteria | Document/s required  Please attach to application (copies only) | Tick the appropriate code “✓” |
| --- | --- | --- | --- |
| A | People who are severely sight impaired, or sight impaired | * Certificate of visual impairment (CVI) – This can be obtained from an eye specialist**\*** i.e. optometrist; showing the degree of sight loss * Proof of registration with Social Services Sensory Team |  |
| B | People who are profoundly or severely deaf | * A letter from the Audiologist or Aural Specialist or Audiology Department at the Hospital, confirming Severe or Profound hearing loss * An audiological report or aural specialist**\*** report of hearing loss * Proof of registration with Social Services Sensory Team |  |
| C | People without speech – this **does not** include those whose speech may be difficult to understand or have language difficulties | * A letter from a medical specialist **\*** * Personal Independent Payments (PIP) – Full award letter where the applicant has been awarded at least 8 points for ‘communicating verbally’ activity (award must be for a minimum of 12 months) |  |
| D | People who have a disability or have suffered an injury which has a substantial and long-term adverse effect on their ability to walk | * Full Award letter for Disability Living Allowance for Higher Rate Mobility Component (award must be for a minimum of 12 months) * Disabled person’s parking badge – Blue Badge * War pensioners mobility supplement (award must be for a minimum of 12 months) * Personal Independent Payments (PIP) – Full award letter where the applicant has been awarded at least 8 points for ‘moving around’ activity(award must be for a minimum of 12 months) * A letter from a medical specialist\* confirming level of walking ability that the applicant has a long term impairment |  |
| E | People who do not have arms or have long-term loss of use of both arms | * A letter from the NHS Artificial Limb Unit**\*** * A letter from a medical specialist **\*** |  |
| F | People who have a learning disability that is a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning – must have started before adulthood. | * Full award letter of Disability Living Allowance (DLA) or Personal Independent Payments (PIP) or Blue Badge (award must be for a minimum of 12 months)   **And one of the below**:   * Proof of registration with Social Services or letter from your Social Worker/Support Worker detailing your disability. * If not on the Local Authority Register, a letter from a medical specialist**\*** confirming level of learning disability, and difficulty in learning new skills * For children/adults who are attending or have attended a Special Needs School – current Education, health & Care (EHC) Plan or a letter from the head teacher at the special needs school confirming attendance and eligibility as defined detailing your disability. |  |
| G | People who if they applied for a licence to drive a motor vehicle under part III of the Road Traffic Act 1988, would have their application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the ground of persistent misuse of drugs or alcohol. | * Full award letter of Disability Living Allowance (DLA) or Personal Independent Payments (PIP) or Blue Badge (award must be for a minimum of 12 months)   **And one of the below**:   * A letter from the DVLA indicating refusal for a minimum of 12 months * A letter from a medical specialist**\*** detailing your disability and confirming driving licence would be refused as defined within the criteria * If you have Epilepsy, a letter from a medical specialist**\*** detailing your disability, when your last epileptic seizure was and confirming driving licence would be refused as defined within the criteria |  |

\* - **A medical specialist excludes your GP. Please note GP’s letters cannot be accepted.**

**-** In all cases more details may be requested, it is your responsibility to provide proof of eligible disability; the authority will not contact your medical specialist to obtain information on your behalf.

**-** You are responsible for any charge incurred in obtaining appropriate medical evidence.

**14. Photograph:** Please tick the box to confirm you have attached a passport approved colour photograph with your signature and name in capitals on the back. (Full face and shoulders, plain white background, no hats, caps or hoodies and no sunglasses)

**15. Declaration:** You are signing this application in order to apply for a bus pass under the English National Concessionary Travel Scheme. By doing so you are also providing consent to enable the Council to obtain or provide, where necessary, personal details relating to this application and to confirm proof of eligibility. The onus is on you to prove your entitlement. You are also signing to say that you are a permanent resident of Luton. Luton Borough Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided in respect of your Concessionary Fares Bus Pass application, 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 further information, please visit our website [www.luton.gov.uk](http://www.luton.gov.uk) and search for **Bus Pass.**

SIGNATURE

DATE

**16. Date & Signature:**