

# English National Concessionary Bus Pass Information and application form for a Disabled Person's Bus Pass OR Disabled Person's Railcard

Please use this form to apply for a Disabled Person's Bus Pass.

- DO NOT use this form if you require an Older Person's Bus Pass.
- DO NOT use this form for a lost/stolen Bus Pass. Please contact the West Sussex Bus Pass Information Line on **033 022 26222** to order. You will normally need to pay a non-refundable fee to replace a lost or spoilt pass unless the loss was as the result of theft and a Police Crime Number is supplied. Please visit the **WSCC** website for current fees.
- DO use this form to renew an expiring Bus Pass.
- DO use this form if you're applying for a Disabled Person's Railcard in place of a bus pass.

## Am I eligible for a Bus Pass?

If you live within the administrative area of West Sussex County Council i.e. pay your council tax to West Sussex County Council, are disabled and qualify under the criteria as laid out in the Transport Act 2000 (Section 146 of the Act) you may be eligible for free travel. The criteria for a Disabled Person's Bus Pass is shown on page 2 of this form. All new and renewal applicants must provide the necessary proof as specified for their particular disability. Your application may be refused unless the exact specified proof is presented, so please read carefully.

## When can I use my Bus Pass?

Once you have received your Disabled Person's Bus Pass, you will be able to travel free using **off-peak travel** on local bus services (excluding tube/DLR, rail, tram, coach, express or excluded Park and Ride services, Dial-a-Ride community transport and local ferry services) throughout England. The pass is valid for use at the following times:

| Location   | Weekdays (excluding public holidays) | Weekends and Public Holidays |  |  |  |  |  |  |
|--|--------------------------------------|------------------------------|--|--|--|--|--|--|
| West Sussex  | Anytime                              | Anytime                      |  |  |  |  |  |  |
| Any other local authority in England<br>(Not all authorities offer earlier<br>discretionary start times – you<br>should check before travel) | 9.30 a.m. to 11.00 p.m.              | Anytime                      |  |  |  |  |  |  |
| Transport For London Buses (you cannot<br>use your pass on the Underground, DLR,<br>Trams or non TfL buses)                                  | 9:00 a.m. to 4:30 a.m.               | Anytime                      |  |  |  |  |  |  |

### Pass Use

Free travel is only permitted on local bus services in England within the hours shown above, on production of a valid bus pass. At all other times a fare must be paid in accordance with the fares charged by individual operators and cannot be reclaimed from the operator, the local district, borough, city or county council. Note that a railcard allows one third off off-peak rail fares. Applicants are only permitted one pass per person and this should be provided by the authority responsible for where they live. If you lose your bus pass, it is damaged beyond use or you wish to update your photograph, you will be charged a <u>non-refundable</u> fee. Please contact the West Sussex Bus Pass Information Line on **033 022 26222.** 

### **Companion Pass**

Applicants who would not be able to regularly make a journey without requiring assistance from a travelling companion to either get on and off the bus, or find out information about the journey (such as a route number or when their stop is) may be eligible for a Companion Pass. A specialist's opinion (someone independent who understands your medical condition) on travel arrangements would be taken into consideration when the application is being assessed. Please submit this in addition to your evidence of disability. **Companion travel is not permitted everywhere in England. You cannot use the companion element (if applicable) of a Companion pass outside of West Sussex.** 

# Separate form here

# How long does a Pass last for?

Most bus passes are valid for up to 5 years. The expiry date may vary depending on the disability evidence provided. Up-to-date medical evidence may be required for renewal of your bus pass. The expiry date is printed on the front of your pass. Expired passes may be replaced free of charge but may also be dependent on the renewal evidence.

# How can I obtain a Bus Pass?

To receive the Disabled Person's Bus Pass, which permits free off-peak travel across England, please carefully read the guidance notes and complete the attached application form. This should be posted with your **photocopied** validation documents to: **West Sussex Bus Pass, PO Box 212, Waterlooville, PO7 6ZN.** 

Your application MUST include:

- the completed application form
- one **photocopy** of a proof of address document from Table 1 (do not send original documents)
- one **photocopy** of a proof of disability document from Table 2 (do not send original documents)
- one passport style/sized colour photograph of your head and shoulders with a single coloured background placed on the application form as indicated and with your name printed on the reverse. Head wear, unless specified for religious purposes, is not to be worn. **Photocopiers are available at all West Sussex libraries. West Sussex County Council cannot accept any responsibility for items that are mislaid in the post.**
- for your disabled person's Railcard, please check your eligibility on <u>www.disabledpersonsrailcard.co.uk</u> as the evidence may be different from the bus pass requirements

### Table 1

| Proof of Addre                   | ess Documents                    |
|----------------------------------|----------------------------------|
| Valid Photo Card Driving Licence | Proof of Pension entitlement (*) |
| Recent utility bill (*)          | Bank statement (*)               |
| Most recent Council Tax bill     |                                  |

\* the proof of address must be no more than three months old (with the date clearly visible) and the address must be printed, not hand written.

#### Table 2

|   | Summary of suitable documents to demonstrate eligibility (please see enclosed guidance for full criteria).   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|
| Α | Persons who are blind or partially sighted.  | <ul> <li>Proof of Registration with Local Social Services Vision Impairment Team.</li> <li>A certificate of vision impairment or other confirmation from Ophthalmologist.</li> <li>West Sussex Blue Badge issued due to vision impairment.</li> </ul>  |  |  |  |  |  |  |  |  |
| B | Persons who are profoundly or severely deaf.   | • Audiological or aural specialist report indicating hearing loss has reached 70 dB HL or more in both ears.   |  |  |  |  |  |  |  |  |
| C | Persons who are without speech.  | <ul> <li>PIP award of 12 points in the 'Communicating Orally' activity for a period of at least 12 months.</li> <li>Confirmation from a medical professional.</li> </ul>   |  |  |  |  |  |  |  |  |
| D | Persons who have a disability<br>or have suffered an injury,<br>which has a substantial and<br>long term adverse effect on<br>their ability to walk.   | <ul> <li>In receipt of Higher Rate Mobility of Disability Living Allowance for 12 months.</li> <li>PIP award of 8 points or more in the 'Moving Around' activity (this activity only).</li> <li>West Sussex Blue Badge issued due to difficulty walking.</li> <li>Other evidence from a medical professional that shows to what degree your mobility is substantially impaired (e.g. walking distance and manner).</li> </ul>  |  |  |  |  |  |  |  |  |
| E | Persons who do not have<br>arms or have long term loss<br>of use of both arms.   | • Confirmation from medical records/professional of loss of use of both arms.  |  |  |  |  |  |  |  |  |
| F | Persons who have severe<br>learning disabilities (a state of<br>arrested or incomplete<br>development of mind which<br>includes significant impairment<br>of intelligence and social<br>functioning) | <ul> <li>PIP award of 8 points or more in the 'Communicating Verbally' activity.</li> <li>PIP award of 10 points in 'Planning &amp; Following a Journey' activity (d)(only).</li> <li>PIP award of 12 points in 'Planning &amp; Following a Journey' activity (f)(only).</li> <li>Relevant details from an Education Health &amp; Care Plan (EHCP).</li> <li>Relevant details of support received from WSCC Social Care.</li> <li>Medical records which describe your disability and significant impairment of social functioning. Documentation must show it is of a severe or complex nature.</li> </ul> |  |  |  |  |  |  |  |  |
| G | Persons who if applied, would<br>have their application for a<br>driving licence refused on the<br>grounds of medical fitness  | <ul> <li>Recently dated confirmation from DVLA that you would be refused a licence on medical grounds.</li> <li>Medical evidence that proves you would be refused a licence on medical grounds. (In both cases except as a result of the misuse of drugs or alcohol).</li> </ul>   |  |  |  |  |  |  |  |  |

You should allow at least 10 working days for your application to be considered and if approved, the pass to be issued. Please contact the West Sussex Bus Pass Information Line on **033 022 26222** if you have not received your pass in this time. The Council cannot refund any tickets purchased prior to or during the application process. Note that further evidence will be required if applying for a Companion Pass. Refer to the section about the Companion Pass on the previous page for more information.

The West Sussex Bus Pass Information Line: 033 022 26222 (local rate)



| Applicatio   | n fo            | rm f          | for         | a I         | Dis        | ab           | led         | Pe          | ers        | on       | 's I       | Bus         | s P          | as   | s 0          | R         | Dis           | ab           | led                 | Pe          | ers         | on          | 's <u> </u> | Rai                 | lca          | rd_                 |                    | )ffi               | се             | use                   | e or | າໄy  |
|--|-----------------|---------------|-------------|-------------|------------|--------------|-------------|-------------|------------|----------|------------|-------------|--------------|------|--------------|-----------|---------------|--------------|---------------------|-------------|-------------|-------------|-------------|---------------------|--------------|---------------------|--------------------|--------------------|----------------|-----------------------|------|------|
| I am apply   |                 |               |             |             |            |              |             |             |            |          |            |             |              |      |              |           |               |              |                     |             |             |             |             |                     |              |                     | A                  | ddr                | ess            | ;                     |      |      |
| I have enclosed additional medical evidence for a Companion Pass (see notes on page 1) |                 |               |             |             |            |              |             |             |            |          |            |             | Pł           |      |              |           |               |              |                     |             |             |             |             |                     |              |                     |                    |                    |                |                       |      |      |
| OR   |                 |               |             |             |            |              |             |             |            |          |            |             |              | Di   | isal         | bili      | ty            |              |                     |             |             |             |             |                     |              |                     |                    |                    |                |                       |      |      |
| I am applying for a Disabled Person's Railcard       Signature                         |                 |               |             |             |            |              |             |             |            |          |            |             | gn/          | /Da  | te           |           |               |              |                     |             |             |             |             |                     |              |                     |                    |                    |                |                       |      |      |
| Please ensure  | you             | sup           | ply         | /:-         |            |              |             |             |            |          |            |             |              |      |              |           |               |              |                     |             |             |             |             |                     |              |                     |                    |                    |                |                       |      |      |
| One COPY   | of a            | a pro         | oof         | of          | add        | lre          | ss d        | loc         | um         | ent      | (Ta        | ble         | 1)           |      |              |           |               |              |                     |             |             |             |             |                     |              |                     |                    |                    |                |                       |      |      |
| One COPY   | of a            | a pro         | oof         | of          | disa       | abi          | lity        | do          | cur        | mer      | nt (       | Tab         | le 2         | 2)   |              |           |               |              |                     |             |             |             |             |                     |              |                     |                    |                    |                |                       |      |      |
| One pass   | port            | styl          | e/s         | size        | ed o       | olo          | our         | pho         | oto        | gra      | ph         | (nc         | ot re        | equi | red          | if a      | oply          | ving         | for                 | a ra        | ilca        | rd)         |             |                     |              |                     |                    |                    |                |                       |      |      |
|  |                 |               |             |             |            |              |             |             |            |          |            |             |              |      |              | ח         | ica           | bili         | itv                 |             |             | -           |             | _                   |              | -                   |                    |                    |                | _                     |      | _    |
| Title  |                 |               |             |             |            |              |             |             |            |          |            |             |              |      |              |           |               | go           |                     | Α           |             | B           |             | C                   |              | D                   |                    | E                  |                | F                     |      | G    |
| Surname  |                 |               |             |             |            |              |             |             |            |          |            |             |              |      |              |           |               |              |                     |             |             |             |             |                     | ]            |                     |                    |                    |                |                       |      |      |
| Forename   | Ì               |               |             |             |            |              |             |             |            |          |            |             |              |      |              |           |               |              |                     |             |             |             | Ì           |                     | 7            |                     |                    |                    |                |                       |      |      |
|  |                 |               | / [         |             |            | <br>/ [      |             |             |            |          |            | ~~          |              |      |              | I         | Cor           | nde          |                     | <u>ا</u>    |             |             | l No        |                     |              |                     |                    |                    |                |                       |      |      |
| DoB (dd/mm/yyyy  |                 |               | /           |             |            | /            |             |             |            |          | Ąį         | ge          |              |      |              |           | Gei           | lue          | . (//               | WF)         |             |             |             | ).                  |              |                     |                    |                    |                |                       |      |      |
| Address  |                 |               |             |             |            |              |             |             |            |          |            |             |              |      |              |           |               |              |                     |             |             |             |             |                     |              |                     |                    |                    |                |                       |      |      |
|  |                 |               |             |             |            |              |             |             |            |          |            |             |              |      |              |           |               |              |                     |             |             |             |             |                     |              |                     |                    |                    |                |                       | Τ    | Τ    |
|  |                 |               |             |             |            |              |             |             |            |          |            |             |              |      |              |           |               |              |                     |             |             | 1           | P           | ost                 | tcod         | le                  |                    |                    |                |                       |      |      |
| Telenhene (  |                 |               |             |             |            |              |             |             |            |          |            |             |              |      |              |           |               |              |                     | 1           |             | ]           | -           |                     |              |                     |                    |                    |                |                       |      |      |
| Telephone  |                 |               |             |             |            |              |             |             |            |          |            |             |              |      |              |           |               |              |                     |             |             |             |             |                     |              |                     |                    |                    |                |                       |      |      |
| Email  |                 |               |             |             |            |              |             |             |            |          |            |             |              |      |              |           |               |              |                     |             |             |             |             |                     |              |                     |                    |                    |                |                       | Τ    | Τ    |
| PLEASE READ T<br>that I am eligib<br>the conditions                                    | ole by<br>of us | y dis<br>se w | abi<br>hicl | lity<br>1 I | ano<br>uno | d th<br>ders | nat<br>Stan | l ar<br>d n | n a<br>nay | pe<br>be | rma<br>re\ | ane<br>/ise | nt i<br>ed f | resi | den<br>1 tir | t w<br>ne | ithii<br>to 1 | n th<br>time | ie (<br>2. <b> </b> | Cour<br>con | nty<br>firn | óf<br>n I I | Wes<br>hav  | st S<br><b>e re</b> | ouss<br>ad t | ex a<br>t <b>he</b> | and<br><b>data</b> | tha<br><b>a pr</b> | it I v<br>oteo | will<br><b>ctio</b> r | abi  | de l |
| processing notion  | ces o           | on the        | e re        | ver         | se c       | of th        | nis f       | orm         | 1. I U     | und      | erst       | tan         | d it         | is n | ny re        | esp       | ons           | ibil         | ity l               | to te       | ell y       | ou          | it m        | y co                | ondi         | tio                 | 1 im               | pro                | /es.           |                       |      |      |

| Signed by applicant                 | Date       |   |
|-------------------------------------|------------|---|
| Tick if signed by power of attorney | Print name |   |
| Top of photo                        |            |   |
|                                     |            |   |
|                                     |            | Clearly print your name on the reverse of your photo and then glue it (face up) in the box indicated. |
|                                     |            | DO NOT USE ADHESIVE TAPE, A PAPER CLIP OR A STAPLE. This will damage the photo.                       |
|                                     |            |   |
| Bottom of photo                     |            |   |

**Proof of Eligibility Advice:** Please note the Concessionary Travel Legislation does not require applicants to be reimbursed for any expenses incurred during the application process. Some medical professionals, including the NHS and G.P's may make a charge to provide evidence so applicants are recommended to submit existing documents relating to their condition and past treatment, rather than asking for a new letter of support specifically for a bus pass application.

Department for Transport eligibility Guidance says that using an applicant's G.P. to verify that an individual meets the criteria for a Concessionary Travel pass is an unsatisfactory arrangement, both for the G.P. and the administrators of the scheme. The main argument against this approach is that it compromises the doctor/patient relationship.

The Council will however accept supporting documentation (e.g. Patient Summary, Prescription List, or other information) from a G.P. in the absence of any alternative, but the evidence must be sufficient to show how an applicant meets the qualification criteria. It is important that any supporting information provides facts about how the applicant's condition affects their ability to carry out day to day activities, rather than opinion on whether a person is eligible for, or would benefit from, a bus pass. Examples of factual statements include:

- A specific distance a person can walk without experiencing severe pain or breathlessness
- How a person needs help to carry out day to day activities e.g. shopping or personal care
- When a disability started and how long it is expected to last

Please note the onus is on the applicant to demonstrate eligibility and the Council will not contact an applicant's own G.P. or other medical professional involved in their care on their behalf.

Personal Independence Payment (PIP) documents are useful evidence to provide, but please ensure you send all the pages showing the points that have been awarded in all activities.

**Privacy Notice:** West Sussex County Council (WSCC) complies with the Data Protection Act and the GDPR and is registered as a 'Data Controller' with the Information Commissioner's Office (Reg. No. Z6413427). Your rights and the Data Protection Officer (DPO) for WSCC can be found on our website at https://www.westsussex. gov.uk/privacy-policy/ We ensure that your personal data is processed fairly and lawfully, is accurate, is kept secure and is retained for a period of no longer than the lifetime of a concession plus one year after your last concession was valid. The data provided on and with this form, including any photographic image, will be processed by Euclid Limited on behalf of West Sussex County Council for the purpose of producing your National Concessionary Bus Pass. Your data may be shared within WSCC only for the purposes of assessing your eligibility for the scheme or for other Council services, and externally with other local authorities or Government agencies only for the purpose of administering the scheme or for the detection and prevention of fraud. We will never share your information with third parties for marketing purposes.

**Fair Processing notice:** The Council has a duty to protect the public funds it administers. To prevent and assist in the detection of fraud, the information you provide on any forms may be shared with other public bodies responsible for auditing or administering public funds, including checks on credit reference agencies and taking part in the National Audit Office's National Fraud Initiative.

Send to: West Sussex Bus Pass PO Box 212 Waterlooville PO7 6ZN Need further help? You can Call – 033 022 26222 Email – buspass@westsussex.gov.uk Web – www.westsussex.gov.uk/buses Apply Online at - www.westsussex.gov.uk/buses