

## Concessionary Travel : Appeal against refusal to issue a pass

Please return this form to:

**concessionarytravel@warwickshire.gov.uk**

or post to

**Concessionary Travel  
Environment & Economy Directorate  
Warwickshire County Council  
P.O. Box 43  
WARWICK  
CV34 4SX**

If you have applied for a pass on disability grounds, and your application has been refused, then you are entitled to appeal.

You will need to fill out this form and submit it together with copies of all evidence which you wish to rely on.

The outcome of your appeal will be sent to you within two weeks of the evidence being received.

**This is not an application form.** This form should only be used

- if you have applied in person for a pass at Warwickshire Direct and your application has been refused

or

- if you have received a letter from the Concessionary Travel Manager rejecting your application

Name	
Address	
<i>Including postcode</i>	
Telephone number	
Email address	
Application or case reference number.	This should have been provided by the Warwickshire Direct, or will appear on your refusal letter

What criteria do you qualify under? <i>Please tick the appropriate category.</i>  For details of the acceptable evidence, please see the leaflet 'Concessionary Travel - A quick guide to applying in Warwickshire'.	a	Be blind or partially sighted	
	b	Be profoundly or severely deaf	
	c	Be without speech	
	d	Has a disability, or has suffered an injury, which has a substantial and long term adverse effect on ability to walk	
	e	Do not have arms or have long term loss of the use of both arms	
	f	Have a learning disability	
	g	Would, if applied for a 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	

<p>Please explain how the criteria you have ticked applies to you.</p> <p>(Please continue on another sheet if necessary.)</p>	
<p>I have attached copies of medical evidence (please tick) <input type="checkbox"/></p>	

<p>We may need to contact your GP, consultant or senior care provider to discuss the evidence you have provided.</p> <p>Please provide their details here.</p>	
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<p>By signing this form I understand that;</p> <ul style="list-style-type: none"> <li>• The Council may check the information against other sources to verify the appeal.</li> <li>• I give authority to Warwickshire County Council to contact my GP/Consultant/Senior Care Provider if necessary.</li> </ul>			
Signature of appellant		Date of signature	
Signed on behalf of appellant (if unable to complete the form independently)		Relationship to appellant	

**How your information may be used.**

We work with partners to provide you with public services. To do this, we may need to share your information. We will do this in a way that protects your privacy.

We are under a duty to protect public funds. We may use any of the information you have provided on this form for the prevention and detection of fraud. We may also share this information with other bodies that are responsible for auditing or administering public funds.

Please let us know when any of your contact details change. You have the right to know what information we hold about you and we try to make sure it is correct.

If you would like further information visit our website: [www.warwickshire.gov.uk/privacy](http://www.warwickshire.gov.uk/privacy) or contact our Customer Service Centre at: Warwickshire County Council, Shire Hall, Warwick, CV34 4RR, Telephone: 01926 418026