

Warwickshire County Council
Application for Concessionary
Travel Pass

Telephone enquiries



(01926) 418026
 Ask for the
 Concessionary Travel Pass Team
 Monday to Friday 8am – 8pm
 Saturday 9am – 4pm



If you are unable to read this application we can supply it in a different format or alternatively please contact the above number for assistance.

Part 1 : Applicant's Details (All questions *must* be completed in full, using BLACK INK) IMPORTANT - please refer to the adjoining notes when completing the form.

Title : Mr/Mrs/Miss/Ms * <i>Delete as appropriate</i>	Other Title :
Surname :	First Name :
Address :	Date of Birth :
	Tel No :
	Mobile Tel No:
Post code	Email :
Have you lived here for 5 years + ? Yes <input type="checkbox"/> * No <input type="checkbox"/>	Previous Address
*If No please provide your previous address	Post Code
Which District/Borough do you live in ? (Please X one box)	
1. North Warwks	2. Nun & Bed
3. Rugby	4. Warwick
5. Stratford on Avon	

Part 2 : Providing Proof of Eligibility

All applicants must provide one item listed below, as proof of residency.

Item 1 & 2 should be less than 3 months old, Item 3, should be from the current tax year

(Please X one box)

1. Utility Bill	2. Bank Statement	3. Council Tax Bill	4. Driving Licence
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Part 3 : Type of Pass Required

You must be a permanent resident of Warwickshire and either of eligible age or have a qualifying disability.

(Please X one box)

1. Age Related Pass <i>(Please complete Part 4 & 7)</i>	2. Eligible Disabled <i>(Please complete Part 5.6 (if applicable) & 7</i>
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Part 4 : Providing Proof of Your Age

Applicants applying for a 'age related' pass must provide one of the items listed below, as proof of age.

(Please X one box)

1. Driving Licence	2. Passport
3. Birth Certificate	4. NHS Medical Card
5. Other	

Part 5 : Medical Status and Eligibility*If you are 'Eligible Disabled', please supply evidence accordingly.*

Type of Disability or Category	Evidence Required (one or more items)	(*please cross)
a. Blind or partially Sighted	<ul style="list-style-type: none"> • Proof of registration • CVI (Certificate of Visual Impairment) . 	<input type="checkbox"/> <input type="checkbox"/>
b. Profoundly or Severely Deaf	<ul style="list-style-type: none"> • Proof of registration • Medical Evidence (Please also complete Part 6) 	<input type="checkbox"/> <input type="checkbox"/>
c. Be without speech	<ul style="list-style-type: none"> • Medical Evidence to support that you are unable to make clear basic oral requests. (Please also complete Part 6) 	<input type="checkbox"/>
d. Have a disability, or have suffered an injury with long term effect on walking	<ul style="list-style-type: none"> • Proof of Higher Rate Mobility component of Disability Living Allowance (For a minimum of 12 months) • Proof of receiving War Pensioner's Mobility Supplement (For a minimum of 12 months) • Medical Evidence (Please also complete Part 6) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e. Do not have arms or have long term loss of the use of both arms	<ul style="list-style-type: none"> • Medical evidence that you are unable to use either arm for day to day tasks. (Please also complete Part 6) 	<input type="checkbox"/>
f. Learning Disability, which is in a state of arrested or incomplete development of mind.	<ul style="list-style-type: none"> • Proof of registration with Social Services. . • Letter from head of special school. • Medical Evidence (Please also complete Part 6) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
g. Refused a driving licence on medical grounds, other than on the grounds of misuse of drugs or alcohol	<ul style="list-style-type: none"> • Letter from DVLA, indicating refusal for a minimum of 12 months. • Medical evidence to show that you would be refused a license if you applied. (Please also complete Part 6) 	<input type="checkbox"/> <input type="checkbox"/>
h. Blue Badge holder	<ul style="list-style-type: none"> • Confirmation letter accompanying Blue Badge. • Blue Badge (if appropriate) 	<input type="checkbox"/> <input type="checkbox"/>

Part 6 : Medical or Special Care Confirmation :

(This Section to be completed by applicants providing 'medical evidence' under Part 5 b, c, d e f or g.)

We will require a letter from your GP/Consultant/Senior Care Provider outlining the nature of your disability. The letter must be provided at the time of applying for your pass

Name of GP/Consultant/Senior Care Provider:	Address :
Email :	Post Code :
	Tel No:

Part 7 : Declaration – Please read carefully before signing the form.

I wish to apply for a Warwickshire Concessionary Travel Pass, and I declare that the information provided in this form is true and accurate. In addition, I also understand that :-

- I will abide by the terms and conditions of the scheme.
- The Council may check the information against other sources to verify the application.
- The pass is solely for my use and any misuse may result in prosecution and the pass will be withdrawn.
- I give authority to Warwickshire County Council to contact my GP/Consultant/Senior Care Provider if necessary.

Signature of applicant	Date
Signed on behalf of applicant (if unable to complete the form independently)	Relationship to applicant

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 or contact our Customer Service Centre at: Warwickshire County Council, Shire Hall, Warwick, CV34 4RR, Telephone: 01926 418026

FRAUDULENT USE OF YOUR PASS MAY RESULT IN PROSECUTION

*If you are unable to apply in person, you can make the application by post. We will require a current colour passport size photograph of yourself and photocopies of the relevant evidence that will support your application. This information should be sent to the address below. **Please do not send originals**, we can not accept responsibility for the safe return of any documents that are sent to us.*

Contact us at:

Warwickshire County Council

Concessionary Travel Applications

Customer Service Centre

P.O Box 9, Shire Hall

Warwick CV34 4RR Telephone (01926) 418026