



# Concessionary Travel Pass Evidence Form

## Learning Disability

### Form CT – F1



#### Part 1: To be filled in by the applicant

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:

#### Declaration of authority

I authorise the medical professional named below to disclose medical information relating to my disability.

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



## Part 2: To be read by the medical professional / senior school staff

Dear Medical Professional / Headteacher

The person named above ("the applicant") is applying to Staffordshire County Council for a Disabled Person's Bus Pass on the basis that they have a learning disability, as defined in the Transport Act 2000.

The qualifying criteria states for the applicant to qualify they must meet the below. Importantly we need confirmation the applicant has **both significant impairment of intelligence and social functioning to qualify.**

**"(f) have a learning disability, that is, a state of arrested or incomplete development of mind which include significant impairment of intelligence and social functioning"**

The form overleaf asks for information about the applicant's disability.

- The disability must have started before adulthood and have a lasting effect on development.
- The person should be able to qualify for specialist services, and he or she may have had special educational provision.
- The Department of Health adopted the term 'learning disability' in 1992. It has the same meaning as its predecessor 'mental handicap'.

**Please answer to the best of your professional knowledge and judgement.**

It is up to the applicant to demonstrate that they qualify for a bus pass, and we have provided this form to help them obtain information about their eligibility under these criteria. However, any costs will be borne by the applicant.



**Part 3: Eligibility for a bus pass because of a learning disability  To be completed only by the medical professional / Senior school staff.**

*Please initial **all boxes** to indicate which of the following apply to the applicant*

	Arrested or incomplete development of mind which started in childhood
	Mental health problems but does not have a learning disability
	Learning disability, but intelligence is not significantly impaired
	Learning disability, intelligence is significantly impaired
	Learning disability but social functioning is not significantly impaired
	Learning disability, social functioning is significantly impaired
	None of the above apply to the applicant
	Any other information which is relevant to the applicant's eligibility:

**Part 4: Declaration – To be completed by the Medical Professional**

- I confirm that the information provided in Part 3 above is current and correct.

Signature of Medical Professional / Headteacher	Date
Contact telephone number	Official Stamp
Name and Position (please use capitals)	

**PLEASE REVIEW THE REST OF THE FORM, THERE ARE 5 PARTS TO READ AND REVIEW**



## Part 5 - Returning the form

N.B. Forms can only be accepted where the Medical Professional / Head teacher has **initialled** the boxes in Part 3 and completed part 4.

Forms where the boxes have only been ticked will be rejected.

**\*\*\*Please see next page for where to send the completed forms\*\*\***

**The form should be sent to Staffordshire County Council please mark it CONFIDENTIAL.** You are advised to keep a copy of this form

**Please scan the form and send to:** [buspassrenewals@staffordshire.gov.uk](mailto:buspassrenewals@staffordshire.gov.uk) **Or post to:**

Bus Pass Renewals  
Transport Unit  
2 Staffordshire Place  
Stafford  
Staffordshire  
ST16 2Dh

**Telephone enquiries: 0300 111 8000**

**Monday to Thursday 8am – 8pm Friday 8am-6pm Saturday 9am – 5pm**

### **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.staffordshire.gov.uk](http://www.staffordshire.gov.uk) or contact our Customer Service Centre on Telephone: 0300 111 8000

**FRAUDULENT USE OF YOUR PASS MAY RESULT IN PROSECUTION**