

APPLICATION FOR CARDIFF DISABLED PERSONS BUS PASS

Do you qualify ?

All applicants must be permanent residents of Cardiff be aged 5 years or over and be able to provide proof of address e.g. current TV licence, recent bank statement, benefit statement, council tax bill, or utility bill i.e. gas, water, telephone or electric bill. *Photocopies and statements/bills printed from the internet cannot be accepted.*



You will automatically be entitled to the pass if you can provide the appropriate evidence of disability or an award letter as below -

- o Disabled person's registration card as blind or partially sighted
- o Higher Rate Mobility Component of the Disability Living Allowance or
- o War Pensioner's Mobility Supplement (WPMS), or
- o an award under Tariffs 1-8 of the War Veterans Compensation Scheme (AFCS), or
- o Personal Independence Payment award having attained
12 points under Mobility Descriptor 11 "Planning and Following a Journey" , or
8 or more points under Mobility Descriptor 12 "Moving Around" or
8 or more points under Communicating Verbally Descriptor 7

If you require the assistance of another person to travel on a bus and receive -

- Personal Independence Payment award having attained 12 points under Mobility Descriptor 11 "Planning and Following a Journey" or
- Personal Independence Payment award having attained 12 or more points under Mobility Descriptor 12 "Moving Around"

If you are unable to provide the above evidence and have a qualifying disability shown on page 2 you may provide either the alternative evidence as described for certain disabilities on page 2 or you can arrange for your GP to complete part B (part C if you require a companion). Any doctor's fee payable for completion of the form is the responsibility of the applicant.

How to Apply -

In person:

Please complete Part A and take this form in person, to the **Central Library Hub, 2nd Floor Central Library, The Hayes, Cardiff, CF10 1FL, St Mellons Hub Llanrumney Hub, Ely Hub together with -**

- 1/ **appropriate evidence of disability/award letter/completed Part B/C**
- 2/ **proof of permanent residence** in Cardiff (see above)

There will be no need to supply a photograph if you apply in person.

By post:

Alternatively you may apply by post to the above address. Please mark the envelope 'Travel Pass'. Postal applications must include a recent passport-sized photograph of the applicant, proof of permanent residence in Cardiff and supporting evidence of disability. The Council will take care of documents provided, but cannot accept responsibility for applications lost in transit.

If you require further information please contact C2C on 029 2087 2087.

CATEGORIES OF DISABILITY

The disability should be permanent, or have lasted at least 12 months or likely to last at least 12 months; or are likely to recur. The disability should have a substantial effect on a person's ability to carry out normal daily activities.

1/WD	<p>A disability or injury that has a substantial long-term adverse effect on a person's ability to walk</p> <p>A disability or injury which seriously impairs his/her ability to walk. The walking disability must have substantial and long-term adverse effect on the applicant's ability to walk more than 100m without stopping, or without severe discomfort or help from another person. The disability must be permanent (or lasted 12 months or likely to last 12 months). <u>Guidance from the Welsh Assembly Government suggests that the degree of disablement should not fall short of that needed to qualify for the Higher Rate of Mobility Component of Disability Living Allowance. An applicant receiving or refused Lower Rate DLA would not qualify for a pass.</u></p>
2/DD	<p>A condition such that if the person were to apply for a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, that application would be refused pursuant to section 92 of that Act (physical fitness) other than on the ground of persistent misuse of drugs or alcohol.</p> <p>Applicants will only be eligible if aged 17 or over.</p> <p>Alternative evidence - Letter from DVLA confirming refusal or withdrawal of licence (other than on the grounds of persistent misuse of drugs and alcohol)</p>
3/LA	<p>Without arms or the long-term loss of the use of both arms</p> <p>Persons who do not have arms or have long-term inability as to the use of both arms. These include upper limb double amputees and those with congenital absence of both upper limbs.</p>
4/WS	<p>Without speech</p> <p>Persons considered to be without speech are those who are unable to make clear basic oral requests (e.g. to ask for a particular destination or fare) - Unable to ask specific questions to clarify instructions e.g. "Does this bus go to the High Street ?" This does not include persons whose speech may be slow or difficult to understand because, for example, of a stammer.</p>
5/LD	<p>A learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning</p> <p>The person has a reduced ability to understand new or complex information, a difficulty in learning new skills, and may not be able to cope independently. Dyslexia or attention deficit disorders would not qualify as 'significant impairment of intelligence or social functioning'.</p>
6/PS	<p>Blind or partially sighted</p> <p>Alternative evidence— Letter from an eye specialist i.e. an optometrist or consultant ophthalmologist, stating that the applicant is registerable as blind or partially sighted</p>
7/PD	<p>Profoundly or severely deaf</p> <p>Alternative evidence - An audiological or aural specialist report stating that the applicant is profoundly or severely deaf</p>

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PART A

To be completed by applicant

Title (Mr, Mrs, Miss, Ms)

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First name(s)																				
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Surname																				
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Address																				
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Postcode	C	F																		
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Telephone No																				
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	D	D	M	M	Y	Y	Y	Y
Date of Birth								

I apply for the issue of a Disabled Persons Fare Concession Permit for my personal use and agree to abide by the conditions of issue.

Signed Date

Attach colour
passport sized
photo here if
applying by post
45mm X 35mm

Declaration
Information provided by you on this form will be used to determine your entitlement to a concessionary bus pass and for administering the bus pass scheme. The Council is under a duty to protect the public funds it administers, and to this end may also use the information you have provided on this form 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. Further information about this is available on our website at www.cardiff.gov.uk/fraud or you may contact the Information Manager, CY4B County Hall, Cardiff CF10 4UW .

PART B

MEDICAL CERTIFICATION

To be completed by applicant's GP

THIS FORM CANNOT BE ACCEPTED WITHOUT THE PHYSICIAN'S OFFICIAL STAMP

I hereby certify person named above qualifies for the disabled persons' travel concession as he/she complies with the criterion/criteria as indicated on page 2:

Please state the criteria as indicated on page 2 eg 5/LD

Physician's stamp

Signature of Physician

Name of Physician Date

BLOCK LETTERS

Office use only	Date	Evidence
Data entered by		
Certified by		
Ref. No.		

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PART C **COMPANION PASS**

A companion pass is available to people who qualify for the standard bus pass as a result of disability **and** who are so severely disabled that it would be impossible for them to make a bus journey without assistance.

The companion concession is provided to enable escorted travel by people with disabilities that would not otherwise be possible, because they, or other passengers, would be exposed to risk if they were to travel alone

Neither a standard bus pass nor a Companion Pass is available to a child below the age at which it is necessary to pay a fare for travel (five years of age). The cost of accompanied travel for very young children who cannot travel alone, is a parental responsibility. Funding of travel for the parents or other people responsible for the care of children with disabilities below the age of 5 years is not therefore part of the companion pass concession.

In addition to medical advice from the applicant's GP give below, the Council may request evidence of receipt of state benefits in relation to the applicant's medical condition in order to confirm entitlement.

MEDICAL CERTIFICATION FOR A COMPANION PASS

The Council will not be able to consider applications without this information. The Council will need to consider the information provided to ensure the application meets the correct criteria for the pass and may also require evidence of entitlement to state benefits.

To be completed by applicant's GP

Please provide brief details of the applicant's disability with confirmation of how the condition prevents the applicant from travelling alone on buses.

I hereby certify that the person below is disabled to such an extent that they are unable to use public transport without assistance and require a companion due to reasons stated above.

Please state the criteria as indicated on page 2 eg 5/LD

Full name of applicant

Date of Birth:.....

SIGNATURE OF PHYSICIAN.....

PHYSICIAN'S STAMP

Office use only	Date	Evidence
Data entered by		
Certified by		
Ref. No.		