



Disabled Person's Travel Pass Application Form

Attach one colour photograph
taken in the last 12 months.

(Do not staple.)
Sign and date the back.

This form is for people who live in Merseyside who want to apply for a Disabled Person's Travel Pass and have a disability which meets the eligibility criteria defined by the Transport Act 2000 and set out in sections 2 and 3 of this form.

This form has four sections.

Section 1: Information about you

Section 2: Questions for applicants who are automatically eligible for a pass and can provide proof

Section 3: Questions for applicants who may be eligible for a pass after further assessment

Section 4: Further information, your declaration, details of local offices and what to do next

Only fill in the sections of the form that are relevant to you. Please provide all of the supporting information we ask for – if you don't, it may delay your application.

Please do not send original documents to us by post (apart from your photograph) as we are not able to return them. Instead, only send photocopies of any documents we ask for. We cannot return photocopies but will destroy them securely once we have checked them. You can also scan your documents and email them to us. Please print your name and date of birth on the top of each document and email them to concession@merseytravel.gov.uk

Section 1: Information about you (all applicants must fill in this section)

Title (Mr, Mrs, Miss and so on):

Date of birth:

First names:

Surname:

Your current address and postcode:

Home phone number:

Mobile number:

Your carer's or guardian's phone number:

Your email address:

Are you: male? female? (Please tick)

You must provide us with the following documents to confirm your address and identity. If you do not, we will return this form to you.

Photograph: A suitable passport-sized colour photograph of yourself taken within the past 12 months. Please write your full name and date of birth clearly on the back.

Proof of address: For example, a photocopy of a gas, water, electricity or council tax bill, an official tenancy agreement, a letter from electoral services or a letter from the Department for Work and Pensions.

Your proof of address must be dated within the last six months.

Proof of date of birth: For example, a photocopy of your birth certificate, passport or medical card, or a recent prescription.

If you are using a birth certificate as proof of age and your name is different from what was on your birth certificate you must provide official proof of your change of name, for example a marriage certificate.

Merseytravel office use only:		
Received:	Initials:	Date:
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Section 2: Questions for all applicants

The following questions are for people who may automatically be entitled to a Disabled Person's Travel Pass because they receive specific qualifying benefits.

2A: Certificate of Visual Impairment

Do you have a Certificate of Visual Impairment (CVI)? Yes No
If 'Yes', please supply a photocopy of your CVI.

2B: Higher-rate mobility component of Disability Living Allowance

Do you receive the higher-rate mobility component of Disability Living Allowance? Yes No

If 'Yes', have you been awarded this benefit indefinitely? Yes No

If 'No', when is your benefit due to end?

Please provide a photocopy of your latest letter. Please include all of the pages of the letter from the Department for Work and Pensions showing proof that you are entitled to this benefit and the length of time that this benefit has been awarded for. Please note the letter must state which level of benefit you are entitled to.

2C: Personal Independence Payment with a score of 8 or more for moving around or communicating verbally

Do you receive Personal Independence Payment? Yes No

If 'Yes', what is your score for the following categories?

Moving around: Communicating verbally:

Please provide a copy of your latest letter from the Department for Work and Pensions showing proof that you are entitled to this benefit, including details of your score for the above categories and the length of time this benefit has been awarded for. Please note you must include all of the pages of the letter and it must state which level of benefit you are entitled to.

2D: War Pensioner's Mobility Supplement

Do you receive War Pensioner's Mobility Supplement or an Armed Forces Independence Payment (AFIP)? Yes No

If 'Yes', please provide a copy of a letter from the Service Personnel and Veterans Agency (SPVA) confirming that you are entitled to this supplement. The letter must be dated within the last 12 months. If you have lost the letter, you can get a replacement by contacting the agency on Freephone 0800 169 22 77.

2E: Blue Badge

Do you currently have a disabled person's parking badge (Blue Badge)? Yes No
If 'Yes', please send us a photocopy of both sides of your badge.

Please note that your Blue Badge must be valid for at least the next 12 months.

If you answer 'Yes' to any of the questions above and can give us the documents we need as evidence, please go to section 4 on page 8.

If you answer 'No' to all the questions in section 2, please go to section 3.

Section 3: Questions for applicants who may be eligible after further assessment

Only answer the questions in this section if you answered 'No' to all of the questions in section 2. You only need to fill in the part of the section which applies to you (see the list below). If you cannot give us the evidence we need, we will have to assess your application further and you may need to have another medical assessment.

You can only apply for a Disabled Person's Travel Pass under one qualifying category. Please state which category you are applying under.

- I am blind or partially sighted Please fill in section 3a
- I am profoundly or severely deaf Please fill in section 3b
- I am without speech Please fill in section 3c
- I have severe difficulty walking Please fill in section 3d
- I have lost the use of both arms Please fill in section 3e
- I have a learning disability Please fill in section 3f
- I am unable to drive for medical reasons Please fill in section 3g

Section 3a: People registered or able to be registered as blind (severely sight impaired) or partially sighted (sight impaired)

Are you registered or able to be registered as blind (severely sight impaired)? Yes No

Are you registered or able to be registered as partially sighted (sight impaired)? Yes No

If you have answered 'Yes' to either of the above, please provide us with:

- a copy of your registration card issued by the visual impairment team, or confirmation on headed paper; or
- a copy of a letter from an eye specialist (for example, an optometrist) confirming that you would qualify to be registered as blind or partially sighted.

Section 3b: People with a profound or severe hearing loss in both ears

Are you registered or able to be registered as profoundly or severely deaf in both ears? Yes No

If 'Yes', please provide us with:

- Confirmation in writing from an audiologist specialist that you are profoundly or severely deaf in the better ear with an average of the key speech frequencies (0.5, 1, 2 and 4 khz) being at 70dB or greater.
- Your report or confirmation must clearly state that you are profoundly or severely deaf.

Section 3c: People who are without speech

This section only applies to people who cannot speak (in any language). It does not include people whose speech is slow or difficult to understand, for example due to a severe stammer.

Are you unable to speak? Yes No

If 'Yes', please provide a letter from your GP, consultant or speech therapist or a summary of care record confirming that you cannot speak.

Do you have a permanent condition that causes you to be without speech? Yes No

Section 3d: People who have a disability or have suffered an injury which has a substantial and long-term effect on their ability to walk.

Please describe any medical condition or disability which affects your walking.

Please give the medical names of any conditions you have been diagnosed with (if you know them).

We need more detail so that we can assess your application. Please fill in the supplementary form for mobility applicants on pages 12 to 16.

Section 3e: People who do not have arms or have long-term loss of the use of both arms

Are you without both arms? Yes No

Do you have long-term loss of the use of **both** arms? Yes No

If 'Yes', please provide a letter from your GP or a health professional involved in your care confirming your medical conditions and your loss of both arms or long-term loss of use of both arms.

Section 3f: People with a learning disability

The Department for Transport defines a learning disability as ‘a state of arrested or incomplete development of mind which includes a significant impairment of intelligence **and** social functioning’. You may be eligible for a travel pass if you have reduced ability to understand new or complex information, or have difficulty learning new skills or coping independently. If you are applying for a travel pass under this criteria (3f), your learning disability must have started before adulthood and must have a lasting effect on your development.

Do you have a learning disability? Yes No

If ‘Yes’, at what age was your learning disability diagnosed?

Please confirm details of your learning disability

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If you do have a learning disability, do you have a support plan in place issued by the Adult Social Care Team or Children’s Disability Service? Yes No

If ‘Yes’ please tell us your social worker’s name and contact details

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Do you have a learning disability and receive one of the following benefits?

Disability Living Allowance – higher-rate care component Yes No

Personal Independence Payment – enhanced-rate daily living component Yes No

The following questions apply to children age five to 18 only

Do you attend a special school for people with learning disabilities? Yes No

If ‘Yes’, please tell us which school and describe any extra help you receive in school.

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Do you have a ‘statement of special educational needs’ or education plan confirming a learning disability? Yes No

Do you receive help from the Child and Adolescent Mental Health Service (CAMHS)? Yes No

Do you have a consultant paediatrician? Yes No

The following applies to both children and adults

If you answered 'Yes' to any of the questions in this section 3f, please enclose item(s) of proof from the list below and tick the box to show which item(s) you have enclosed. Any proof which you provide must give details to demonstrate a significant Impairment of Intelligence and Social Functioning. (You can provide more than of the items listed)

- Support plan from Social Services
- Letter from CAMHS confirming a learning disability
- Letter from a consultant paediatrician confirming a learning disability
- Statement of special educational needs which clearly states you have a learning disability
- Letter providing academic information from an educational psychologist or special needs co-ordinator (SENCO)

If you are unable to provide the proof listed above or we are unable to decide whether you are eligible for a Disabled Person's Travel Pass, we may refer you for an independent assessment.

Section 3g: People who are unfit to drive for medical reasons

- Do you currently have a driving licence? Yes No
- Have you ever been refused a driving licence for reasons other than persistent misuse of drugs or alcohol? Yes No

If 'Yes', you must provide current evidence from the DVLA, such as letter refusing you a driving licence or a letter confirming your licence has been withdrawn. If the DVLA letter does not state the medical reason why you were refused a driving licence or why your licence was withdrawn, you will also need to provide separate written evidence of the reason from a GP or consultant.

If 'No', please tick the relevant box below to show which of the conditions results in you being medically unfit to drive.

Epilepsy or sudden attacks of fainting or giddiness

Please enclose medical evidence from a consultant neurologist, epilepsy specialist or GP dated within the last 12 months.

Please confirm the date of the last attack you had when you were awake.

How often do you have attacks?

Severe mental disorder

Please state the name of your diagnosis and the date this diagnosis was made.
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Please provide proof from a consultant psychiatrist or community mental-health nurse, setting out the nature of your mental-health diagnosis and confirming that you do not meet DVLA requirements to hold a driving licence.

If you are unable to provide this information you can request a supplementary form for your GP or Consultant Psychiatrist to complete on your behalf.

Restricted field of vision or inability to read a registration plate in good light at 20.5metres (with glasses or contact lenses if worn)

Please provide proof from an optometrist or consultant ophthalmologist.

Other disabilities which are likely to cause you to be a danger to the public while driving.

Please provide proof from a consultant or occupational therapist who specialises in the relevant field.

If you have ticked ‘**Other disabilities**’, please provide details of your disability and how this prevents you from being able to drive.

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Section 4: Further information, declaration, signature and what to do next

Travel and transport (all applicants must fill this part in)

Do you drive? Yes No

Please tick which of the following describes your use of public transport.

	Daily	Weekly	Monthly	Hospital appointments	Local trips only	Do not use	Unable to use
Bus							
Train							

Please tick which of the following transport services you use, if any.

Shopmobility scooter Hospital transport Dial-A-Ride

If you have said you are unable to use public transport, please tell us why.

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If you need help to use public transport, please describe what help you need.

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Declarations and signature

Please tick each box to show you have read, understand and agree with each declaration. Not ticking one of these declarations may mean we are unable to issue you with a Disabled Person's Travel Pass.

I confirm that, as far as I know, the details I have provided are complete and accurate. I realise that I will not be entitled to a Disabled Person's Travel Pass if I have provided false information.

I confirm that the photograph I have provided is a true likeness.

I understand I must tell you about any changes that may affect my entitlement to a Disabled Person's Travel Pass, including any change of address, as soon as possible.

I understand that you will deal with all documents relating to this application in line with General Data Protection Regulations and you may share them with other local authorities and the police to detect and prevent fraud.

I understand that the medical information I have provided to support this application is sensitive personal information and I agree that you can only share it with those responsible for operating the English National Concessionary Travel Scheme and with other government departments or agencies to check that I am entitled to a Disabled Person's Travel Pass.

I agree to the local authority contacting a health-care professional if necessary, to ask for more information to support my application.

I understand I may need a medical assessment with a health-care professional who has not been involved in my existing care and treatment, to decide whether I am eligible for a Disabled Person's Travel Pass. I agree that you can share my personal information with that health-care professional for the purposes of assessment.

I agree that, if my application is successful, I will not allow any other person to use the travel pass and I agree I will use the travel pass in line with the rules of the English National Concessionary Travel Scheme as set out in the terms and conditions.

Your signature:

Date of application:

Please print your name here:

For full details of the General Data Protection Regulations and full Terms and Conditions of the Concessionary Travel Scheme, please go to www.merseytravel.gov.uk

If you are filling in this form on behalf of a child under 18 years of age, please sign this declaration on their behalf and state your relationship to them here.

From time to time we (or agents acting on our behalf) may contact you for customer research or to send you extra information which may be of interest to you.

If you want us to contact you, please tick the box.

Checklist and contact details for local offices

Please make sure that you fully fill in the following sections that apply to you.

Section 1: Information about you

Section 2: Questions for applicants who are automatically eligible and can provide proof

Section 3: Please make sure you have applied under only one category and answered all the questions for that category, including the supplementary form for mobility applicants (if this applies). Your application may be delayed if you do not fully complete all relevant sections.

Section 4: Further information, declaration and signature.

Please enclose all relevant documents (photocopies only, no original documents)

Proof of your address and date of birth.

A recent passport-sized photograph with your name and date of birth written clearly on the back.

Attach the photo to the front of this form using the self-adhesive label provided. (Please do not staple the photo to the form.)

Evidence of Certificate of Visual Impairment, higher-rate mobility component of Disability Living Allowance, War Pensioner's Mobility Supplement, or Personal Independence Payment with a score of 8 or more for 'Moving around' or 'Communicating verbally' (if this applies).

Any other documents that support your answers in section 3. For example, letters from your GP or consultant, printouts of your medical history (if available), copies of recent prescriptions (if available).

We cannot refund any costs you have relating to this form or costs you may have from collecting evidence to support your application.

Please return this form, together with all relevant documents, to:

**Disabled Person's Travel Passes
Merseytravel
PO box 1976
Liverpool
L69 3HN.**

Phone: 0151 330 1000 • Email: concession@merseytravel.gov.uk

Please allow at least four weeks for us to process your application form.

Please ensure you include a contact number as we will contact you if we need any more information.

Or, you can take your application form to one of our travel centres listed below.

Merseytravel Centres

Birkenhead Travel Centre
Birkenhead Bus Station
Claughton Road
Birkenhead
CH41 6RT

Huyton Travel Centre
Huyton Bus Station
Hey Road
Huyton
L36 5SB

Queen Square Travel Centre
Queen Square
Liverpool
L1 1RG

Bootle Travel Centre
Bootle Bus Station
Washington Parade
Bootle
L20 4RE

Liverpool One Travel Centre
Liverpool ONE
1 Canning Place
L1 8LB

St Helens Travel Centre
St Helens Bus Station
Bickerstaffe Street
WA10 1DH

**For details of the opening times of all Merseytravel centres, please visit our website at:
www.merseytravel.gov.uk**

Supplementary information to support your application under section 3d – mobility issues

Please make sure the information you give us is accurate and that it is a true reflection of your medical condition and your ability to walk. All information is assessed on a medical basis and this will affect whether your application is accepted or not. You may be called for a further assessment based on the evidence you give in this form.

For each medical condition or disability you have mentioned, please describe any surgery or courses of treatment you have had or any specialist clinics you have attended. Please include dates.

Please ensure you also provide other documents which support your answers in Section 3. For example, letters from your GP or consultant, printouts of your medical history (if available), copies of recent prescriptions (if available).

Surgery, treatment or specialist clinic	Date treatment received

What medication do you currently take for the conditions or disabilities you described above?

Medication	Dose

Please tick the statements below that apply to you.

I am waiting for surgery for any of the conditions described above.

I am recovering from surgery for any of the conditions described above.

I am waiting for treatment for any of the conditions described above.

I am managing my condition or disability, as I have been told it is not expected to improve any further.

None of the above apply.

Do you expect that your condition or disability will improve in the next three years? Yes No

Are you currently taking any pain relief for the conditions or disabilities you have mentioned?

Yes No

If 'Yes' please explain what you are taking and how often you need it.

.....

Please tick the statements below that best describe your walking ability.

I am able to walk well, including walks for leisure.

I am able to walk around the supermarket to do my own shopping.

I am able to walk and can use public transport for some of my local trips.

I am able to walk, but struggle with longer distances or hills.

I am able to walk, but get breathless if I walk for more than a few minutes.

I am able to walk, but find it too painful to walk more than a few minutes.

I am able to walk, but use a wheelchair for longer trips outside the home.

I am able to walk around my home, but am unable to climb the stairs.

I am unable to walk at all.

Other - please describe below.

How do the conditions or disabilities you described affect your ability to walk?

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.....

.....

Please tick the box below that best describes the way you walk.

Normal – no specific problems with walking.

Adequate – for example, you walk with a slight limp.

Poor – for example, you walk with a heavy limp or a stiff leg, or you shuffle or have problems with balance.

Extremely poor – for example, you drag your leg, stagger, swing through two crutches or need physical support.

If none of these options describe the way you walk, please give more detail.

.....

.....

.....

Do you use any of the following walking aids? (You can tick more than one box.)

- | | | | |
|------------------------------|--------------------------|--------------------------------------|--------------------------|
| One elbow crutch | <input type="checkbox"/> | Rollator frame | <input type="checkbox"/> |
| Two elbow crutches | <input type="checkbox"/> | Wheelchair | <input type="checkbox"/> |
| One walking stick | <input type="checkbox"/> | Powered wheelchair | <input type="checkbox"/> |
| Two walking sticks | <input type="checkbox"/> | I need someone to push my wheelchair | <input type="checkbox"/> |
| Walking frame (Zimmer frame) | <input type="checkbox"/> | Other – please describe below | <input type="checkbox"/> |
-
-

Who provided your walking aid?

- Social Services Health-care professional Bought it myself Other (give details below)
-
-

Please tick below how often and where you use this equipment.

- Sometimes Always Indoors Outdoors
- Are you able to walk outside without help? Yes No

If 'No', please describe the help you need.

.....

Please answer 'Yes' or 'No' to each of the following questions by ticking the relevant box.

- Do you get short of breath when hurrying on level ground or walking up a slight hill? Yes No
- Do you get short of breath walking with other people of your own age on level ground? Yes No
- Do you have to stop for breath when walking at your own pace on level ground? Yes No
- Do you get too breathless to leave your home, or after dressing? Yes No

How far would you estimate you are able to walk, using any walking aids, before you have to stop because you are in severe discomfort?

The following information may help you judge the distance you can walk.

- The average adult step is less than one metre, which is 1.1 yards (3 feet and 4 inches).
- If you walk alongside someone and they take 100 steps, you would have walked roughly 90 metres (or 100 yards).
- The average double-decker bus is about 11 metres (12 yards) long.
- A tennis court is about 24 metres (26 yards) long.
- A full-size football pitch is about 100 metres (110 yards) long.

..... metres **or** yards

Roughly how much time would you estimate it takes you to walk this distance?

..... minutes

Can you continue walking after a short rest? Yes No

If you can continue, roughly how long (in minutes) can you continue walking?

..... minutes

Balance and dizzy spells

Please answer 'Yes' or 'No' to each of the following questions by ticking the relevant box.

Do you have balance problems? Yes No

Have you had any recent falls? Yes No

If 'Yes' when did you last fall?

.....

How many times have you fallen in the last 12 months?

.....

Stairs

Do you use steps or stairs within your home?

Stairs inside your home

Stairlift installed

Steps leading to your home

No steps or stairs

Please tick the level of difficulty you have in using stairs.

Unable to climb stairs Not difficult Quite difficult Very difficult

Activities of daily living

Do you have a carer provided by Social Services who helps with personal care, for example washing or dressing (or both)?

Yes No

If 'Yes', how often?

.....

Do you have help from family and friends?

Yes No

If 'Yes', please describe what tasks they help you with and how often (for example, daily, weekly or monthly).

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Do you use any other support services? (Please tick any which apply.)

Occupational therapy (equipment or adaptations)

Day care

Community alarm

Meals-on-wheels

Visits by district nurse

Other (give details below)

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