Disabled person’s application form

CHECK LIST. Please make sure you:

☐ Refer to the guidance notes

☐ Provide supporting evidence of your disability (If you are renewing your travel pass, you still need to provide current evidence even if your condition hasn’t changed).

☐ Provide proof of address dated within the last 6 months

☐ Sign the declaration and consent section

Section 1 – About you

Title
Mr ☐ Mrs ☐ Miss ☐ Other (please say) ☐

Sex
M ☐ F ☐
Do you hold a valid UK driving licence (full or provisional)?
Yes  No

Have you ever applied for Disability Living Allowance (DLA) / Personal Independence Payments (PIP)?
Yes  No

We may need to contact you regarding your application, how would you like us to do this? (Please tick all which apply)
Letter only  Letter and Email  Email only  Large Print

National Insurance number

Do you hold a valid UK driving licence (full or provisional)?
Yes  No

Have you ever applied for Disability Living Allowance (DLA) / Personal Independence Payments (PIP)?
Yes  No

If Yes, please provide a copy of your award letter dated within the last 12 months
Section 2 – Your GP details

Doctor’s name:

Address

Postcode
Section 3 – Your category (tick all that apply)

Please refer to guidance notes for details about the categories and the evidence you MUST provide.

A  Blind or partially sighted
B  Profoundly or severely deaf
C  Without speech
D  Disability or injury which has a substantial effect on your ability to walk (please also complete question D1)

D1  How far can you walk in metres without stopping, getting a lot of pain or needing help from another person?

metres

E  Does not have arms or has long-term loss of the use of both arms
F  Learning Disability
G  A medical condition which prevents you from obtaining or holding a UK driving licence
Section 4 – Declaration

**How we will use your data** - Your personal data will be used by West Midlands Combined Authority and other Government and partner agencies to administer the English National Concessionary Travel Scheme and will be subject to the provisions of the Data Protection Act 1998. West Midlands Combined Authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

By signing below, you:

• Agree for West Midlands Combined Authority to contact your GP or other professionals known to you to assist with your application if required.
• Agree to an independent medical assessment if required to help us decide whether you are eligible for a Disabled Person’s Travel Pass, we will pass any information you have given us to an independent organisation who will carry out the assessment for us.
• Declare that to the best of your knowledge all the statements made on this form are true, and you understand that the provision of any false information as part of this application may result in legal action against you which could include prosecution.

Applicant signature (If applicant is under 16 the parent / carer must sign)

Signature:  
Date:  

If this form was completed on the applicant’s behalf, you must also complete the following:

Relationship to applicant:  
Name of representative:  
(Including school name/supporting organisation name if applicable)  
Signature:  
Date:  

We are committed to ensuring your personal data is kept safe. You may want us to share your account information with someone else on your behalf. If you wish to nominate another person whom we may disclose information, please provide their details below.
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[Blank lines]

If this form was completed on the applicant’s behalf, you must also complete the following:
Relationship to applicant:
[Blank lines]

Name of representative:
(Including school name/supporting organisation name if applicable)
[Blank lines]

Signature:      Date:
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Post your completed application form and evidence to West Midlands Combined Authority, PO Box 9421, Birmingham, B19 3TR

Failure to provide evidence of your disability and address will result in your application being delayed.

Please note, it is the applicant’s responsibility to ensure the application has the correct postage before sending it to West Midlands Combined Authority.