

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

Attach your photo here.

Please print your name and postcode on the back of the photo before attaching it

Section 1 – About you

Title

Mr

Mrs

Miss

Other (please say)

Sex

M F

National Insurance number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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We may need to contact you regarding your application, how would you like us to do this?
(Please tick all which apply)

Letter only <input type="checkbox"/>	Letter and Email <input type="checkbox"/>	Email only <input type="checkbox"/>	Large Print <input type="checkbox"/>
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Do you hold a valid UK driving licence (full or provisional)?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Have you ever applied for Disability Living Allowance (DLA) / Personal Independence Payments (PIP)?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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IF YES, please provide a copy of your award letter dated within the last 12 months

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:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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.