

To be filled in by applicant

Declaration of authority. I authorise the consultant / specialist (shown below) to disclose to Gloucestershire County Council the information requested in this form. (Please PRINT Details)

Name Date of birthAddress Tel. no.

Email

Postcode

Signed

Date

To be filled in by consultant / specialist

Dear Consultant or Specialist,

The person mentioned above has applied for a travel concession on the basis of having a disability which has a **substantial and long term adverse effect on their ability to walk.**

The Transport Act 2000 defines this as "having a physical disability, or has suffered an injury, which has a substantial and long-term adverse effect on their ability to walk". This is clarified in more detail as set out in the options below.

Please tick the box(es) that apply to this person.

- They are unable to walk a single step or their only way to get about is to swing through crutches.
- (Whether with or without an aid) they cannot walk for distances over 64 metres without severe discomfort at the time or later as a result of walking the 64 metres.
- They cannot walk 100 metres within 5 minutes.
- They are unable to walk very far and the effort required to walk is likely to lead to a serious deterioration in their health, needing medical intervention for them to recover.
- The effort required to walk would constitute a danger to their life.

OR they will be ineligible if

- This is currently not a permanent Disability, and they have suffered from this disability/injury for less than 12 months
- I am unable to confirm that any of the above options apply to this person.

Please tick box:

- If this is a permanent Disability or
- If not a permanent disability, is likely to last for 5 years or more.

Name

Position

Address

GMC No

Tel

Signed

Date

Official clinic/hospital stamp,
or attach
letterhead/compliment slip

On completion please return the form to the applicant

Once completed, the Applicant should submit this Evidence Form, along with the Concessionary Bus Pass Application Form and proof of address, to a participating Gloucestershire library. Alternatively post the forms to: Bus Pass Team, Adult Social Care Support Services, Gloucestershire County Council, Block 1, 1st Floor, Shire Hall, Westgate Street, Gloucestershire, GL1 2TP