

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 birth

Address

Tel. no.

Email

Postcode

Signed

Date

To be filled in by consultant / specialist

Dear Consultant or Specialist,

The person mentioned below has applied to us for a travel concession on the basis of being **profoundly or severely deaf**.

The Transport Act 2000 defines that "hearing loss is measured in decibels across the normal hearing spectrum, as dBHL (Hearing Level)". This is clarified in more detail as set out in the options below.

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

- They have a severe hearing loss of 70 – 95 dBHL.
 They have a profound hearing loss of 95+ dBHL.

OR

- 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