

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 / Specialist

The person mentioned above has applied for a travel concession on the basis of **not being eligible for a driving licence on medical grounds**. The Transport Act 2000 defines this as “would, if they applied for a grant of a licence to drive a motor vehicle under part III of the Road Traffic Act 1988, have their application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the grounds of persistent misuse of drugs or alcohol”. This is clarified in more detail as set out in the options below.

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

- They have had an epileptic attack whilst awake within the last year.
- They have a history of epileptic attacks whilst asleep and have had one whilst awake in the last 3 years.
- They have not had an epileptic attack whilst awake in the last 3 years, but would likely to be a danger to the public if driving.
- They have a severe mental disorder.
- They are liable to sudden attacks of giddiness or fainting (whether as a result of cardiac disorder or otherwise)
- They are unable to read a registration plate in good light at 20.5 metres (with lenses if worn)
- They have another disability which is likely to cause driving a vehicle by them to be a source of danger to the public.

OR they will be **ineligible** if

- They persistently misuse drugs or alcohol and this has caused one of the above conditions.
- 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