

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 above has applied to us for a travel concession on the basis of being **without speech**.

The Transport Act 2000 defines Without Speech as “as being unable to communicate orally in any language”. 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 make clear basic oral requests. (e.g. to ask for a particular destination or fare).
- They are unable to ask specific questions to clarify instructions. (e.g. Does this bus go to the High Street).

**OR** they will be ineligible if

- They can communicate orally but their speech may be slow or difficult to understand because, for example, they stammer.
- 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