

# Companion Bus Pass Form

**To be filled in by applicant:**

I authorise the doctor / 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

**Declaration:**

I declare that I am eligible to apply for a disability related concessionary bus pass and that the address I have given is my sole or principal residence and is within the county of Gloucestershire. If approved, I will abide by Gloucestershire County Council's conditions of use and understand they may be changed from time to time.

I agree that if I have applied for and receive tokens or vouchers under a scheme run by the district council, I have waived my rights to apply for a concessionary bus pass for the year for which the tokens or voucher apply.

I accept that Gloucestershire County Council will use the information I have provided to make enquiries necessary to verify entitlement and detect fraud. This may include sharing this information with other organisations that audit or administer public funds.

I accept that my records, including proof of eligibility, will be retained securely by computer database for the purposes of administering the Gloucestershire County Council Concessionary Bus Pass Scheme and to meet statutory obligations.

I confirm that I will return my concessionary bus pass if I move away permanently from the county of Gloucestershire.

By signing this form I confirm that the details provided within it are correct.

Signed

Date

Dear Doctor, Consultant or Specialist,

The person mentioned above has applied to us for a companion bus pass on the basis of being **unable to travel without a companion due to their disability**.

**Please tick the box that applies to this person.**

- He/she is unable to travel on public transport without the assistance of a companion

**OR**

- I am unable to confirm that the above statement applies to this person.

<p><b>To be filled in by Doctor, consultant, specialist</b> (Please Print Details)</p> <p>Name _____</p> <p>Position _____</p> <p>Address _____</p> <p>GMC No _____ Tel _____</p> <p>Signed _____ Date _____</p> <p>On completion please return the form to the applicant</p>	<p>OFFICIAL CLINIC/HOSPITAL STAMP</p> <p>Or attach letterhead/compliment slip</p>
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Once completed, the Applicant should submit this form, along with the Concessionary Bus Pass Application Form and proofs of disability and address, to a participating Gloucestershire library. Alternatively post the forms to the address below:

The Bus Pass Team, Adult Social Care Support Services,  
 Gloucestershire County Council, Block 1, 1st Floor, Shire Hall,  
 Westgate Street, Gloucestershire, GL1 2TP  
[www.gloucestershire.gov.uk/buspass](http://www.gloucestershire.gov.uk/buspass)

