

To be filled in by applicant

Declaration of authority. I authorise my medical specialist or professional support worker or recognised specialist advisor (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 Medical Specialist/Professional Support Worker/Specialist Advisor,

The person mention above is applying for a travel concession on the basis of **having a significant learning disability**. The Transport Act 2000 defines Learning Disability as “a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning”. This is clarified in more detail as set out in the options below.

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

Their disability started before adulthood and has a lasting effect on their development.

AND

They have a reduced ability to understand new or complex information.

They have difficulty in learning new skills

They are unable to cope independently.

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 completed Concessionary Bus Pass Application Form and proof of address by post to: Concessionary Bus Pass Team, Integrated Transport Unit, Gloucestershire County Council, Shire Hall, Westgate Street, Gloucestershire, GL1 2TH