Form C1 Companion Bus Pass Form

1. To be filled in by applicant

Declaration of authority. I authorise the consultant / doctor (shown below) to disclose to Gloucestershire County Council the information requested in this form. (Please PRINT Details)

Name		Date of birth	
Address		Telephone no.	
		Email	
Postcode			
Signed		Date	

2 To be filled in by the applicant

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 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

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3 Declaration (To be filled in by consultant / doctor)

Dear Doctor or Consultant,

The person mentioned on the previous page (add name here) ……. 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.

	They are unable to travel on public transport without the assistance of a companion

	I cannot confirm that the above option applies to this person.

4 Confirmation (To be filled in by consultant / doctor)

By submitting this form, I confirm that all the information is true and accurate.

Name		OFFICIAL CLINIC/HOSPITAL STAMP
Position		
Address		
GMC No		
Tel		
Signed		
Date		

(On completion, please return the form to the applicant.)

Once completed, the Applicant should submit this form, along with the completed Concessionary Bus Pass Application Form and proofs of disability and address, by post to the address below:

Concessionary Bus Pass Team
Integrated Transport Team
Gloucestershire County Council
Shire Hall
Westgate Street
Gloucester
GL1 2TH

Telephone enquiries: (01452) 426265
Monday to Friday 9am – 4.30pm

Email enquiries
conbuspasses@gloucestershire.gov.uk

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For our privacy notice see **www.gloucestershire.gov.uk/privacynotices**