



Category D1 – substantial and long term adverse effect on ability to walk

A person is eligible for a concessionary bus pass if they have a long term and substantial disability that means they cannot walk, or which makes walking very difficult.

The criteria are the same as those used to consider Disability Living Allowance (DLA) Higher Rate Mobility Component and the 'Moving Around' activity of Personal Independence Payment (PIP).

You will be eligible if;

- you are unable to walk at all,
- you can only get about by swinging through crutches (long term),
- you are unable to walk a short distance (over 64 meters) without severe discomfort,
- it takes an excessive amount of time to walk a short distance (100 meters within 5 minutes), or
- the exertion required to walk would constitute a danger to your life or would be likely to lead to serious deterioration in your health.

You will **not** be eligible if;

- your mobility problems are short term i.e. less than 12 months, or
- you are able to walk relatively normally with the use of an artificial leg.

Proving that you are eligible



we can
accept this
evidence

- Personal Independent Payment (PIP) Statement of Entitlement which
 - shows your name clearly
 - is dated within the last year
 - shows 8 or more points for the 'Moving Around' activity
 - has the same reference number at the bottom of each page

If you don't have a copy, then please contact the Department for Work & Pensions (DWP) and ask for a 'Statement of Entitlement'. If your most recent PIP award letter (normally 6 pages and includes the points) is dated within the last 12 months, then you can send that instead.

- Recent (less than 1 year old) DLA letter - must show Higher Rate Mobility Component
- For a veteran, proof of receiving War Pensioners Mobility Supplement, or 'Reasons for Decision' letter under the Armed Forces Compensation Scheme (AFCS)
- Gloucestershire County Council Concessionary Travel Evidence Form D1 (available from 01452 426265 or the GCC website - www.gloucestershire.gov.uk/transport) completed by a doctor or consultant who is familiar with your walking ability
- The applicants disabled parking badge (blue badge) – showing an end date of more than 3 months - **if your Blue Badge is based on your PIP award, you will now need to provide your full PIP award letter with score sheet showing 8 or more points for 'communicating' or 'moving around'**

continued next page





we
cannot
accept
this
evidence

- PIP information which is more than 12 months old
- PIP award of Mobility Component but only 4 points for the 'Moving Around' activity
- PIP award of Mobility Component but no breakdown of how the points were awarded
- DLA Mobility Component at the Lower Rate
- DLA Care components at any level
- Letter which lists medical conditions
- Letter which says your mobility is affected by a medical condition
- Letter which says you would benefit from having a bus pass
- Letter which asks for you to be considered for a bus pass because you need one
- Universal Credit Benefit letter

If you cannot provide one of the above pieces of acceptable evidence, then please call the Concessionary Travel Team on 01452 426265 to discuss your application or renewal.

Your doctor is not obliged to fill in your evidence form. If your doctor does agree to complete the form you may have to pay, and a completed form does not guarantee you a bus pass. We do not deal with doctors directly and we cannot accept a doctor's letter.

Form D1
Severe walking disability Evidence 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 consultant / doctor

Dear Consultant or Doctor,

The person mentioned above has applied for a travel concession on the basis of having a disability.

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

☐	They are unable to walk a single step or their only way to get about is to swing through crutches.
☐	(Whether with or without an aid) they cannot walk for distances over 64 metres without severe discomfort at the time or later as a result of walking the 64 metres.
☐	They cannot walk 100 metres within 5 minutes.
☐	They are unable to walk very far, and the effort required to walk is likely to lead to a serious deterioration in their health, needing medical intervention for them to recover.
☐	The effort required to walk would constitute a danger to their life.

☐	I am unable to confirm that any of the above options apply to this person.
--------------------------	--

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

↓ **Sign the boxes below**
to indicate the length of the applicant's condition is expected to last

☐	Less than 12 months in total e.g. recovery from surgery.
☐	Is only likely to last up to 5 years
☐	The applicant's condition is permanent.

continued next page →

4 Declaration (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 evidence form, along with the completed concessionary bus pass application or renewal form by post to:

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
buspasses2@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