

Renewal Application Form Disability-related bus pass

If you are unable to read this application, we can supply it in a different format or alternatively please contact us for assistance (details at end of form).

Part 1 : Applicant's Details (All questions *must* be completed in full, using BLACK INK)

Title : Mr/Ms/Mrs/Miss/Mx/Other _____	Address :
First Name :	
Surname :	
Date of Birth :	
Telephone Number::	Post code
Email:	
Old bus pass number (if you have one)	

You do not need to provide proof of age and address for a renewal bus pass unless your details have changed on your bus pass account. If you have moved in the last 5 years since your last bus pass, then it is advisable to send up to date information.

Proof of address can either be a bank statement, NHS medical card, benefit book / letter, council tax bill, driving licence, optical / medical prescription counterfoil or utility bill. Please do not send originals of your evidence as we cannot accept responsibility for the safe return of any documents that are sent to us.

Part 2 : Qualifying disability

↓ Please indicate your qualifying disability below


	D1	Have a disability, or suffered an injury, which has a substantial and long-term adverse effect on ability to walk
	D2	Profoundly or severely deaf
	D3/D4	Blind or partially sighted
	D5	Learning disability: significant impairment of intelligence and social functioning
	D6	Would be refused a driving licence, other than through the misuse of alcohol or drugs
	D7	Do not have arms, or has the long-term loss of use of both arms
	D8	Without speech

continued next page



Part 3 : Photograph - <i>On a renewal application, we do not require a new photograph unless the photograph on your existing bus is out of date i.e. you applied as a child and are now an adult. Should you wish to change your photograph then use the guidelines below:</i>		Attach photo here
<ul style="list-style-type: none"> • Your photo should be in colour • Ideally taken against a light background • Show a close-up of your full head and shoulders. <ul style="list-style-type: none"> • It must be only of you with no other objects or people. • You should not be wearing a hat or sunglasses or tinted glasses. • Make sure your hair is not covering your eyes. 		
	I have enclosed a suitable photograph with my application.	
	Please use the original photograph on my bus pass	

Part 4: Evidence relating to your disability renewal ↓ Please indicate which type of evidence you are supplying	
	Armed Forces Compensation Scheme letter or Veteran War Pension Mobility Supplement
	Blue Badge number (please write the number here) If your Blue Badge is based on your PIP award, you also will need to provide your full PIP award letter with score sheet showing 8 or more points for ‘communicating’ or ‘moving around’
	Certificate of Visual Impairment
	Blind or partially sighted - proof of registration
	DVLA letter revoking or refusing driving licence, accompanied by evidence of the relevant medical condition
	Higher Rate Mobility Component of DLA
	PIP full letter with score sheet with 8 or more points for ‘Communicating’ or ‘Moving Around’ (dated in the last year)
	D1 evidence form signed by doctor or consultant - form available from Gloucestershire Council
	D2 evidence form signed by doctor or consultant - form available from Gloucestershire Council
	D3 / D4 evidence form signed by doctor or consultant - form available from Gloucestershire Council
	D5 evidence form signed by doctor or consultant - form available from Gloucestershire Council
	D6 evidence form signed by doctor, epilepsy nurse or consultant - form available from Gloucestershire Council
	D7 evidence form signed by doctor or consultant - form available from Gloucestershire Council
	D8 evidence form signed by doctor or consultant - form available from Gloucestershire Council
	I do not have any of the evidence listed above. I am supplying additional evidence of my disability (as described in the relevant Information Sheet for the category) .
	Please briefly describe the evidence you are enclosing

continued next page 

Part 5 : Checklist - have you...?	
	Included a photocopy of evidence showing your address (<i>optional, only if have moved address in the last 5 years</i>)?
	Included a photocopy of evidence relating to your disability (see Part 4) ?
	Included a suitable photograph (<i>optional see Part 3</i>)?
	Signed the application form (see Part 6)?
	Signed companion form (<i>optional see explanation below</i>)

If you already have an orange 'C' on the top right-hand corner of your bus pass, then you do not need to supply another signed companion form.

If you don't have a companion on your bus pass and are now unable to travel alone due to your disability you may be eligible for a companion bus pass. This will allow you to be accompanied by any person over the age of 16 years of age, free of charge, within Gloucestershire. Whilst you are entitled to free travel anywhere in England within permitted off-peak times, your companion will only be entitled to free travel in Gloucestershire. If you travel outside of the Gloucestershire County border, your companion may have to pay for their own travel. To qualify for this, the applicant must fill in the Gloucestershire County Council C1 companion form and then it needs to be signed by your doctor.

Please note that you are only entitled to one companion when travelling, any further companions will have to pay a fare to travel with you.

Application for a concessionary companion bus is considered in terms of the severity of disability and not the applicant's age. To order a companion form, use one of the forms of contact on page four.

Part 6: Declaration – Please read carefully before signing the form	
<p>I wish to renew my Gloucestershire Concessionary Travel Pass, and I declare that the information provided in this form is true and accurate. In addition, I also understand that:</p> <ul style="list-style-type: none"> • I will abide by the terms and conditions of the scheme (copy available on request). • The Council may check the information against other sources to verify the application. • The pass is solely for my use. Misuse may result in prosecution and the pass will be withdrawn. 	
Signature of applicant	Date
Signed on behalf of applicant (if unable to complete the form independently)	Relationship to applicant

Please do not send originals of your evidence as we cannot accept responsibility for the safe return of any documents that are sent to us.

continued next page



***Please send the forms to us
at:***

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