

Disabled Persons Concessionary Travel Permit Application



METRO

The Concessionary Fares Scheme is administered by Corporate Services on behalf of the West Yorkshire Passenger Transport Executive (Metro) and provides concessionary travel for applicants that have certain disabilities.

A person will be eligible for a disabled persons permit if they:

- Are blind or partially sighted.
- Are profoundly or severely deaf.
- Are without speech.
- Have a disability, or have suffered an injury, which has a substantial and long-term adverse effect on their ability to walk.
- Do not have arms or have long-term loss of use of both arms.
- Have a substantial learning disability.
- Have been refused a driving licence or would be refused a driving licence on medical grounds, other than on the grounds of persistent misuse of drugs or alcohol. Please note you cannot apply under this criteria unless you are of legal driving age.

Please find enclosed a leaflet concerning the scheme, alternatively information is available on the Metro website at www.wymetro.com

Applications for Senior Citizens Travel Permits can be obtained at any Post Office or Metro Travel Centre.

As part of the National Fraud Initiative 2008 personal information held by the Council with regard to your Travel Permit Application will be used for the prevention and detection of fraud and may be shared with other public bodies solely for this purpose. For further information please refer to www.audit-commission.gov.uk/nfi

Please read carefully and detach this information sheet for your reference

Information continued overleaf

City of Bradford MDC

www.bradford.gov.uk

Please read carefully and detach this information sheet for your reference

Please note the Local Medical Committee have advised Bradford and Airedale doctors that they are not required to provide reports/letters in support of an application for a Travel Permit.

If your GP does not wish to provide you with a report/letter in support of your application, you will need to provide evidence of your disability from another source.

This evidence will need to come from a Medical Professional. The Medical Professional supporting your application must be qualified to make a judgement about the criterion you have applied under. If you are applying for a companion pass any supporting information must verify that you need to be accompanied.

Any fee charged by a medical professional for the provision of supporting information will be payable by the applicant.

Please complete the attached application form include one passport photograph and your supporting evidence to:

**Revenues & Benefits Service,
Transport Concessions Team
Britannia House,
Hall Ings,
BRADFORD BD1 1HX**

PLEASE NOTE THIS IS A POSTAL ADDRESS ONLY

If you have any queries regarding the Disabled Persons Concessionary Travel Scheme or the completion of your application form, please contact a member of the Transport Concessions Team on: 01274 438723

Alternatively if you require help completing your form or would prefer to drop your application form off in person you may do so at one of the following offices:

- Bdirect, 1 St Blaise Way, Forster Square, Bradford
- The Manningham Centre, 1 Carlisle Road
- Keighley Town Hall, Bow Street, Keighley
- Shipley Town Hall, Kirkgate, Shipley
- Ilkley Town Hall, Station Road, Ilkley
- The Council Shop, 146 Main Street, Bingley

Please note that all applications will be forwarded to the Transport Concessions Team for assessment.

Disabled Persons Concessionary Travel Permit Application

Title: Mr/Mrs/Miss/Ms/Other _____ Surname: _____

First Name(s): _____ Date of Birth: _____

National Insurance No: _____ Telephone No: _____

Address: _____

_____ Postcode _____

Please tick which of the following applies to you:

- 1) **My ability to walk is permanently and severely impaired**

Do you receive the Higher Rate Mobility Component of
Disability Living Allowance?

Yes No

If yes, please supply recent evidence of your award. This must be an official
DWP letter dated no earlier than last April and must show the period of your award.

- 2) **I have been refused or would be refused
a driving licence on medical grounds**

You will need to provide evidence from a Medical Professional or the DVLA
to verify that you would be refused a driving licence (if your condition is related
to the persistent misuse of drugs or alcohol the Authority is unable to consider
your application under this criterion. You can only apply under this criterion if
you are of legal driving age.

- 3) **I am without speech**

- 4) **I am profoundly deaf**

- 5) **I am registered blind**

- 6) **I am registered partially sighted**

- 7) **I have a substantial learning disability**

- 8) **I do not have arms or have long
term loss of use of both arms**

**In order for your application to be assessed you will need to provide
evidence about your disability. This must be from a Medical Professional
who is qualified to make a judgement about the criterion you have applied under.**

Before you can be considered for a companion pass you must meet at least one of the eligibility criteria shown overleaf.

Are you applying for a companion pass?

Yes No

If you tick yes to this question the supporting evidence concerning your disability will need to include the medical reasons why you have to be accompanied to travel safely.

Do you receive the Higher Rate Care Component of Disability Living Allowance?

Yes No

If yes, please supply recent evidence of your award. This must be an official DWP letter dated no earlier than last April and must show the period of your award.

The Ethnic Origin Section is included on applications for statistical purposes, therefore it would be appreciated if you were to complete this section. Please tick the relevant box:

White British	A1	<input type="checkbox"/>	Black\Brit-African	D2	<input type="checkbox"/>
White-Irish	A2	<input type="checkbox"/>	Black\Black Brit Caribbean	D1	<input type="checkbox"/>
Mix-White\Black African	B2	<input type="checkbox"/>	Asian\Brit. Bangladeshi	C3	<input type="checkbox"/>
Mixed-White And Asian	B3	<input type="checkbox"/>	Other Ethnic Grp-Other	E2	<input type="checkbox"/>
Asian\Brit. Other	C4	<input type="checkbox"/>	Black\Brit-Other	D3	<input type="checkbox"/>
Mixed Other	B4	<input type="checkbox"/>	Mix-White\Black Caribbean	B1	<input type="checkbox"/>
White-Other	A3	<input type="checkbox"/>	Asian\Brit.Indian	C1	<input type="checkbox"/>
Traveller of Irish Descent	A4	<input type="checkbox"/>	Other	O	<input type="checkbox"/>
Gypsy/Roma	A5	<input type="checkbox"/>	Not Stated	F1	<input type="checkbox"/>
Asian\Brit. Pakistani	C2	<input type="checkbox"/>	Refused	E3	<input type="checkbox"/>
Other Ethnic Grp-Chinese	E1	<input type="checkbox"/>			

I declare that the information given on this form is correct and if my application is approved I agree to abide by the conditions of use issued by Metro

Signature:

Date:

FOR OFFICE USE ONLY

App Received		PID:
Approved	Stand 1 yr/5 yr	Comp 1 yr/5yr
White form sent:		
Refused		
Letters sent		Date:
		Date: