

English National Concessionary Travel Scheme

Selby District Council - Disabled Persons Application Form

Please complete this application form in **block capitals** and return it to the address below or take it in person to: **Access Selby, 8-10 Market Cross, Selby.**

TITLE: MR MRS MISS MS (delete as appropriate) OTHER: _____	
SURNAME: _____ FORENAME(S): _____	
ADDRESS: _____	
POSTCODE: _ _ _ _ _ _ _ _ _ _	
DATE OF BIRTH: _ _ _ _ _	TEL. NO: _____
date month year	

You must meet one of the criteria below to qualify for a pass, please tick the box that applies to you:

<input type="checkbox"/> blind	<input type="checkbox"/> partially sighted	<input type="checkbox"/> without speech	<input type="checkbox"/> a learning disability	<input type="checkbox"/> profoundly or severely deaf
<input type="checkbox"/> do not have arms or have long-term loss of the use of both arms.				
<input type="checkbox"/> have a disability, or suffered an injury which has a substantial and long-term adverse effect on your ability to walk.				
<input type="checkbox"/> an application for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988 would be refused pursuant to section 92 of that Act (physical fitness) otherwise than on the grounds of persistent misuse of drugs or alcohol.				
<input type="checkbox"/> Please tick this box if you wish the pass to include provision for a companion to travel with you at the concessionary rate. You must include proof that you are Registered Blind or Partially Sighted or in receipt of the Higher Rate Care or Higher Rate Mobility Component of Disability Living Allowance or Higher Rate Attendance Allowance.				

If this application is sent by post please firmly attach a recent passport size photograph of the person for whom the application is made. Please ensure that the photograph is clearly labelled with the full name and date of birth of the applicant. The applicant must provide some proof of address and disability. Proof of address must be in the form of a PHOTOCOPY of a Council Tax Bill, Driving Licence, Tenancy/Mortgage agreement, Medical Card or current letter from any Government Organisation. Acceptable proof of disability entitlement is a copy of your DLA letter or other documentary medical evidence. BANK STATEMENTS AND UTILITY BILLS ARE NOT ACCEPTED.

If you have completed this form on behalf of someone else, please give your name and address:

Name: _____ Address: _____

I declare that I qualify for a concession (or the applicant qualifies for a concession if signed on their behalf) due to my (their) disability and that I (they) live within the Selby District Council area.

Signed: _____ Date: _____

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 within this Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

OFFICE USE ONLY: POST / PERSON Documents checked: DISABILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> CHECKER: _____
APPLICATION ID: _____ DATE: _____ ISSUING OFFICER: _____