

D**STROUD DISTRICT COUNCIL**

Council Offices Ebley Mill Stroud Gloucestershire GL5 4UB

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con.fares@stroud.gov.uk

Bus Pass Application Form**Section 1 Application**

I am applying for a bus pass as a disabled person.
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Section 2 Personal details

Full Name			
Address			
Post Code		Email	
Date of Birth		Telephone	
Please tick if you would like to receive information about the Council by email.			<input type="checkbox"/>

Section 3 Eligibility (*Please tick the box that applies*)

I am a registered blind person.	<input type="checkbox"/>
I am without speech.	<input type="checkbox"/>
I am profoundly or severely deaf.	<input type="checkbox"/>
I do not have arms, or have long-term loss of the use of both arms.	<input type="checkbox"/>
I have a disability (or have suffered an injury), which has a substantial and long-term adverse affect on my ability to walk, and I have been awarded the higher rate Disability Living Allowance (DLA) for help with getting around.	<input type="checkbox"/>
If I applied, I would be refused the grant of a licence to drive a motor vehicle pursuant to Section 92 of the Road Traffic Act 1988 (physical fitness), otherwise than on the ground of persistent misuse of drugs and alcohol.	<input type="checkbox"/>
I have a learning disability. It is a state of arrested or incomplete development of the mind which includes significant impairment of intelligence and social functioning.	<input type="checkbox"/>

Section 4 Do you need to be accompanied by a Companion at all times?

If your disability is so severe that you need to be accompanied at all times we can issue you with a special companion bus pass that allows you and a companion to travel free. **This pass will only be valid if you travel with a companion.** Please tick the box if you think you qualify for a companion pass.

Please supply the name and address of your doctor:

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Section 5 Declaration

I declare that:	Tick Box
a) I enclose a genuine copy of my Disability Living Allowance letter which is in respect of the disability classification ticked in section 3 above.	
b) I enclose a passport-sized photograph* with my name and date of birth written on the back of the photograph.	
c) I am a resident in the Stroud District Council area.	
d) The information given is, to the best of my knowledge, true and correct;	
e) I UNDERSTAND THAT I AM ENTITLED TO ONLY ONE ALLOCATION OF TOKENS OR A BUS PASS PER YEAR (April-March)	
f) I understand that the bus pass will be sent to me by post	
g) I understand that any information you provide in this application may be used by the Council in the detection and prevention of fraud.	
Signed	Date

*A free photograph can be taken at Stroud District Council reception, Ebley Mill, Westward Road, Stroud, Glos, GL5 4UB.

Office Use Only Evidence seen (please tick box)							
Disability Living Allowance letter		Other (Please specify)					