**NEW CONCESSIONARY BUS PASS APPLICATION FORM FOR NEATH AND PORT TALBOT COUNCIL**

(Please complete in BLOCK CAPITALS)

**I am applying for a Concessionary Bus Pass on the following grounds, please tick relevant box:**

**Age**  [ ]  **Disability\***  [ ]  **Visual Impairment\*** [ ]  **Disabled Requiring a Companion\*** [ ]

\**You may need to complete a Disabled Eligibility Assessment if you do not meet the criteria overleaf. Please ring 01639 686868 for further information.*

**Title Mr** [ ]  **Mrs** [ ]  **Miss** [ ]  **Ms**  [ ]  **Other Please State**

**Gender: Male** **[ ]  Female** **[ ]**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Postcode**  | **S** | **A** |  |  |  |  |  **Date of Birth** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Telephone** |  |  |  |  |  |  |  **Email**  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **National Insurance No** |  |  |  |  |  |  |  |  | **Please stick recent passport approved photograph here**  |

If you would like to receive news from other trusted organisations who provide

travel information and may provide offers of free or discounted travel, please

tick here. You can unsubscribe at any time.

**General Data Protection Regulation 2016:** We will use the personal data you provide here to process your application and will not share it with any third parties (except where you have given your consent above to receive marketing from other organisations), unless we are permitted or required to do so by law. The information you provide here may be compared with other personal data held by the Council in order to check your entitlement to receive this bus pass. Your data may also be used anonymously and statistically to compare take-up of the scheme in different local authorities.

***If you require further information or information in a different format please ring 01639 686868***

**DECLARATION: I confirm that the information given above is correct. I have read and understood the above and understand if any details are found to be false, my pass will be cancelled and I may have to pay any costs arising from the issue or use of the pass.**

|  |  |
| --- | --- |
| **Signature:** | **Date:** |

 **FOR POST OFFICE / CONTACT CENTRE**

 **STAFF USE ONLY**

*If staff are uncertain regarding proof of*

 *identification shown please ring* ***01639 686868***

|  |  |
| --- | --- |
| **P Proof of Address: All Applications** | **(✓)** |
| Council Tax Bill |  |
| Utility Bill |  |
| Council Rent Card |  |
| Bank Statement  |  |
| Proof of Retirement Pension |  |
|  |  |
| **Proof of Eligibility on Age Grounds**  | **(✓)** |
| Birth Certificate |  |
| Proof of Retirement Pension |  |
| Passport |  |
| Driving Licence |  |
|  |  |
| **Proof of Disability and Visual Impairement**  | **(✓)** |
| Council letter of Pass Entitlement  |  |
| Disabled Blue Badge Holder **(please state expiry date)** |  |
| Disability Living Allowance **(Higher Rate Mobility only, please state expiry date)**  |  |
| Personal Indpendence Payment (PIP) **One or more of the following: (please state expiry date)** |  |
| 8 points moving around criteria |  |
| 8 points communicating verbally criteria |  |
| 12 points planning and following a Journey criteria |  |
| DVLA Revocation / Refusal Letter **(please quote Medical Ref. Number)** |  |
| War Pensions Mobility Allowance |  |
|  |  |
| **Applications on Disabilty Grounds with a Companion** | **(✓)** |
| Council letter of Pass Entitlement stating Companion |  |
|  |  |
| Office Name ..................................FAD Code....................................... Week...............................................  |  |

|  |
| --- |
|  **POST** **OFFICE** **STAMP** |