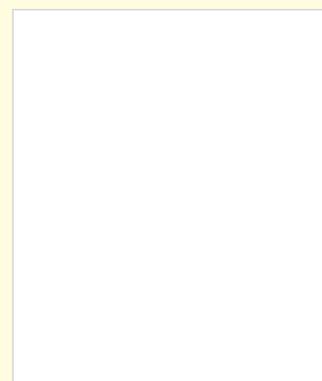


Disabled Person's Travel Pass application form



Attach photograph here
(Do not staple)



Please attach a colour
photograph taken in the
last 12 months

This application form is for children or adults who have a learning disability and who live in Merseyside.

The Department for Transport defines a learning disability as 'a state of arrested or incomplete development of mind which includes a significant impairment of intelligence and social functioning'.

You may be eligible for a travel pass if you have:

- a reduced ability to understand new or complex information;
- difficulty learning new skills; or
- difficulty coping independently.

A learning disability is different to a 'specific learning difficulty' (such as dyslexia) where a person struggles to learn one particular thing but manages well in everything else.

Your learning disability must have started before adulthood and must have a lasting effect on your development. You should be able to qualify for specialist services and you may have had special educational support.

If you need any help or advice when filling in this form, you can ask someone to help you or you can contact the Disabled Person's Travel Pass Team on 0151 236 6056.

This application form is available in different formats. Please contact us to discuss your needs.



Mar 2015



Section 1 – About this form

You are applying for a Disabled Person’s Travel Pass because you have a learning disability. You should only fill in this application form if your disability is permanent or is expected to last at least 12 months and you live in Merseyside.

This form contains the following five sections.

- **Section 1 – About this form**
- **Section 2 – About you (you must fill in this section)**
- **Section 3 – About your disability (you must fill in this section)**
- **Section 4 – For your GP, educational psychologist or special educational needs co-ordinator (SENCO) (your GP, educational psychologist or SENCO must fill in this section)**

When filling in this form you should provide as much information as possible about your disability, including:

- how severe it is;
- how it affects your daily routine;
- how long you have had your disability for and how long it is likely to last; and
- details of any planned medical treatment or a list of medication (or both).
- any information provided must demonstrate your academic ability as well as your ability to interact socially.

Please use extra sheets of paper if you need to, and attach them securely to your application form. Please make sure you answer all of the questions fully on this form, otherwise it may delay your application.

Do not send any original documents in the post, as we will not be able to return them to you. Please send photocopies of any documents we ask for. Or, please take the original documents to a Merseytravel Centre (addresses on page 10).

You must include the following documents with your form.

A suitable passport-sized colour photograph, taken within the last 12 months, with your full name and date of birth clearly written on the back.

Proof of your address, for example a gas, water or electricity bill, a council tax bill, an official tenancy agreement, a letter from the electoral services or a letter from the Department for Work and Pensions. (We will also accept an electronic copy of a gas, water or electricity bill or bank statement.) Your proof of address must be dated within the last six months.

Proof of your date of birth, for example your birth certificate, passport, medical card or prescription.

Merseytravel use only		
Received by Merseytravel	Initials	Date
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

Information to support your application

Please tick the box next to the information you have included with your application form.

		Merseytravel use only		
		Received by Merseytravel	Initials	Date
Letters from the hospital setting out the outcome of any referrals you have been sent for	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Details of any support you receive (for example, from Social Services) including the type of support, how often you receive the support, any assessment reports and so on	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Details of any allowances or benefits (such as Disability Living Allowance or Personal Independence Payments) or other support you receive which relates to your disability	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Statement of Special Educational Needs (SEN)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Statement of National Curriculum average level of attainment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
An educational psychologist's or special educational needs co-ordinator (SENCO) report	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
A copy of your repeat prescription showing details of any medication which you are currently taking	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

If you are unable to provide the proof listed above, or we are unable to decide whether you are eligible for a Disabled Person's Travel Pass, we may refer you to an independent assessment which will help us to decide. If we refer you for an independent assessment, you will need to take all of your original documents as proof of your address and date of birth, and any original documents which you have provided, as shown above.

Section 2 – About you

Title:

Your date of birth: / /

Surname:

First names:

Are you: male? female? (Please tick)

Your address
(which **must** be
in Merseyside):

Postcode:

Home phone
number:

Mobile number:

Email address:

How would you prefer us to contact you? (Please tick all which apply.)

Phone (home) Phone (mobile) Letter Email

Are you a Merseylink member? Yes No

If yes, please write your Merseylink membership number in the box below.

Do you hold a Fast Tag concession for the Mersey Tunnels? Yes No

If yes, please write your account number in the box below.

Please sign below to confirm that your home is in Merseyside and that the information you have provided on this form is correct. If you provide false information, you may be prosecuted.

By signing this form you agree to your GP, special educational needs co-ordinator (SENCO) or educational psychologist providing us with the information we ask for in section 4.

Your personal data will be used by Merseytravel and other Government and partner agencies to administer the English National Concessionary Travel Scheme and will be subject to the provisions of the Data Protection Act 1998. Merseytravel 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. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

If we need you to have an independent assessment to help us decide whether you are eligible for a Disabled Person's Travel Pass, we will pass any information you have given us to an independent organisation who will carry out the assessment for us.

Signature:

Date:

From time to time, we (or agents acting on our behalf) may contact you for customer research or to send you extra information which may be of interest to you. If you want us to contact you, please put an 'X' in the box here.

Section 3 – About your disability

The questions in this section will help us to understand your disability and the effect it has on your daily life. This information will help us to assess whether you are eligible for a Disabled Person’s Travel Pass. We will not use this information for anything else.

Please answer each question. If you do not answer the questions in full, this may delay your application.

1a. What is the diagnosis for your learning disability?

1b. Who diagnosed you?

1c. What age were you when you were first diagnosed?

2a. Do you live in supported accommodation?

Yes

No

If you answered **yes** to the above question, please describe the support you receive, tell us who provides it and how often.

2b. What other support or care do you receive for your disability?

(Please describe the type of support you receive, tell us who provides it, how often they provide it and how long you expect to receive it for.)

2c. Do you receive any benefits or allowances for your disability?

(Please tell us what benefits or allowances you receive and please include a copy of your current award letter.)

3a. Which school did you or do you go to?

(Please tell us if this is a special school.)

3b. Please describe any extra help you received or receive in your school.

3c. Do you have or are you studying for any qualifications? Yes No

If you answered **yes** to the above question, please provide details of all the qualifications which you have or are studying for and tell us the level (for example, GCSE English or A-level maths).

4a. Do you struggle with reading? Yes No

4b. Do you struggle with writing? Yes No

4c. Do you need any help to wash and dress yourself? Yes No

4d. Do you need any help with planning or preparing meals? Yes No

4e. If you answered **yes** to any of the above questions, please describe the support you receive, tell us who provides it and how often.

4f. Please provide details of any social activities which you take part in, for example any clubs, social events, hobbies or general interests.

Please also tell us how often you take part in the activity and whether you take part as a group member or an individual.

5. Do you use public transport?

Yes No

If **no**, please tell us how you travel around and the reason why you currently don't use public transport.

If **yes**, please answer the following questions.

(a) How often do you use public transport?

Daily Weekly Monthly Occasionally

(b) Can you use public transport on your own? Yes No

If you answered **yes**, can you only travel a particular set route or can you vary your journey?

If you answered **no**, please tell us who travels with you and whether that person travels with you at all times.

(c) If you travel on your own, how would you cope if your journey or route was altered? What would you do?

Please provide details below.

(d) Do you currently have a prepaid travel pass or do you pay by cash when you travel by public transport?

Pass Cash

What to do next

Pass the form to your GP, special educational needs co-ordinator (SENCO) or educational psychologist with the following.

- **A recent passport photo of yourself. Write your name and date of birth clearly on the back of your photo and attach it to the front of the application form, using the self-adhesive sticker provided. Please do not use staples.**
- **Proof of your address, for example a recent council tax bill, gas, electricity or water bill, bank or building society statement, or official tenancy agreement.**
- **Proof of your date of birth, for example your birth certificate, passport, medical card or a prescription.**
- **Any other supporting documents.**

Please provide photocopies of your documents as we cannot accept original documents and we are not able to photocopy documents at our Merseytravel centres. You can scan your documents. Please email them to concession@merseytravel.gov.uk and print your full name and date of birth on the top of each document you are sending across.

The GP, SENCO or educational psychologist must fill in section 4 and send the form direct to us, with your photo, your proof of address and any other supporting documents. You will need to give them a stamped envelope with our address as shown below written on it, so that they can send the form directly to us, with your photo, your proof of address and any other supporting documents.

Important to remember

We will keep all of the information you provided on this form confidential. We will not share the information with other people or organisations not involved in delivering the concessionary travel scheme, although by law we must share information with other government agencies.

You may have more than one disability. This form is only for people who have a learning disability. If you have other disabilities, we do not need to know about them on this form.

We cannot refund any charges you may have to pay your GP, SENCO or educational psychologist for filling in this form or providing any further information to support your application.

Your GP, SENCO or educational psychologist must return the whole form to us. If you need any help with or advice on filling in this form, please write to us or call us.

Disabled Person's Travel Passes
Merseytravel
PO Box 1976
Liverpool
L69 3HN
Phone: 0151 236 6056
Email: concession@merseytravel.gov.uk

If you are eligible for a Disabled Person's Travel Pass, please keep it safe. It is a valuable item as it provides free travel on bus services, local trains and local ferries.

Please allow at least four to six weeks for us to process your application form. We will contact you if we need any more information.

Section 4 – For your GP or your special educational needs co-ordinator (SENCO) or your educational psychologist

Your patient or client has applied for a Disabled Person's Travel Pass under the Transport Act 2000. The application is made in the category 'learning disability'.

Your patient or client has given their permission for you to provide the information we ask for below.

By signing this form, you are confirming that the information your patient or client has given in section 3 is accurate. We are not asking you to confirm whether your patient or client is or is not eligible for a travel pass.

Your patient or client is responsible for any fee you charge in connection with filling in this form.

Please do not detach any part of this form.

Please do not return this form to your patient or client. Send it direct to us, in the envelope which your patient or client should have provided, at:

Disabled Person's Travel Passes
Merseytravel
PO Box 1976
Liverpool
L69 3HN

Did your patient's/client's disability start before adulthood.

Yes No

**I confirm that (Please print the name)
is my patient/client.**

I also confirm that the information given in section 3 is a true and accurate reflection of the patient's or client's disability.

Please provide any other information which you feel is relevant.

.....
.....
.....

<p>Name:</p> <p>Signature:</p> <p>Organisation:</p> <p>Date:</p>	<p>Official School or Practice stamp</p>
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Merseytravel centres

Birkenhead Travel Centre

Birkenhead Bus Station
Claughton Road
Birkenhead
CH41 6RT

Bootle Travel Centre

Bootle Bus Station
Washington Parade
Bootle
L20 4RE

Huyton Travel Centre

Huyton Bus Station
Huyton Hey Road
Huyton
L36 5SB

St Helens Travel Centre

St Helens Bus Station
Bickerstaffe Street
St Helens
WA10 1DH

Liverpool One Travel Centre

Liverpool ONE
1 Canning Place
Liverpool
L1 8LB

Queen Square Travel Centre

Queen Square
Liverpool
L1 1RG

For details of the opening times of all Merseytravel centres please visit our website at www.merseytravel.gov.uk

This application form is for a concessionary travel pass which can be used on local bus services across England, as well as local journeys within Merseyside by rail or ferry.