

ENGLISH NATIONAL CONCESSIONARY TRAVEL SCHEME SCARBOROUGH BOROUGH COUNCIL APPLICATION FORM

Disabled Persons

A Pass can only be issued if your sole or principal residence is in the Scarborough Borough Council area.

Please complete this application form in **BLOCK CAPITALS** and return it with proof of disability and residence to the address overleaf* :

Title: Mr / Mrs / Miss / Ms / Other title Initials:

First Name: Last Name:

Address:

.....

Town:

Post Code: Tel. No.

Date of Birth: / / (Optional)
Date Month Year

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

Name:

Address:

Qualifying Criteria:

- | | |
|---|--|
| <input type="checkbox"/> I am blind | <input type="checkbox"/> I am profoundly or severely deaf |
| <input type="checkbox"/> I am partially sighted | <input type="checkbox"/> I have a disability, or have suffered an injury, which has a substantial and long-term adverse effect on my ability to walk |
| <input type="checkbox"/> I am without speech | <input type="checkbox"/> I have a learning disability, that is a state of arrested or incomplete development of the mind which includes significant impairment of intelligence and social functioning. |
| <input type="checkbox"/> I do not have arms or have long-term loss of the use of both arms | |
| <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 receive the higher rate mobility component of Disability Living Allowance (DLA) or am registered blind or partially sighted and would like the pass to include provision for a companion to travel with me free of charge on any local journeys beginning or ending in North Yorkshire. | |

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*If you are sending this application by post or visiting the Filey or Eastfield Office 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. You should also include some proof of residence and your DLA letter. These will be returned.

Signed: Date:

By my signature I confirm that the information in this application form is true to the best of my knowledge and belief and I understand that I may be prosecuted for an offence if information that I have included in this application has been provided with the intention of obtaining a pass to which I am not entitled.

By post to: Bus Pass Scheme
Finance and Asset Management
Scarborough Borough Council
Town Hall
Scarborough
YO11 2HG

In person: Customer First Centre
Town Hall
Scarborough

or
10 Skinner Street
Whitby

A free photograph can be taken at these main offices.

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 for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

OFFICE USE ONLY - DOCUMENTS CHECKED:

Disability Residence Photo Input By. Date Input