



The National Concessionary Fare Scheme - SILVER CARD for disabled people
APPLICATION FORM

PART A Please complete this form in BLOCK CAPITALS

Full name Mr/Mrs/Miss/Ms	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>	Date of Birth <input type="text"/>
		Telephone Number <input type="text"/>

PART B Please complete as appropriate (see enclosed sheet for further information on eligibility)

<p>1 Are you registered blind or partially sighted with Stockton Social Services? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>2 Are you registered profoundly or severely deaf with Stockton Social Services? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>3 Do you have a learning disability? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If YES to Q1, Q2 or Q3 please confirm your consent to the Council making internal checks Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>4 Do you have a disability, or have you suffered an injury, which has substantial and long-term adverse effects on your ability to walk? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>4a Do you receive the Higher Rate mobility component of the Disability Living Allowance? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>4b Do you receive a war pensioners mobility supplement? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>If you have answered yes to 4a or 4b please go to Part C. You will be required to send evidence of entitlement with this application.</p>		
<p>4c What is the maximum distance you can walk without stopping, having severe discomfort, or help from another person? <input type="text"/> Yards or <input type="text"/> metres</p>	<p>4d Do you regularly use a walking aid or wheelchair? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please state type of aid <input type="text"/></p>	

5 Do you have long-term loss of use of both arms?
Yes No

6 Are you without speech, that is, unable to communicate orally in any language?
Yes No

7 Have you been, or would you be refused a driving licence on medical grounds? Yes No
If yes, please give details

If you have completed Q4c or answered yes to Q4d, Q5, Q6 or Q7 please confirm your consent to the Council contacting your Doctor and provide your Doctor's details.

Yes No

Doctor's name

Doctor's address

PART C This part must be completed by all applicants (or those completing the form on behalf of the applicant).

DECLARATION

I declare that to the best of my belief all statements I have made on this form are true.

Name

Signed

Date

If you have any difficulties in completing this form please phone our helpline 01642 528499.

Disclaimer

We will use the information you give in this form and any supporting evidence you send us to process your Silver Bus Pass application. The information will be held securely on a database or within a file and will be treated in the strictest confidence and will not be disclosed to any third parties unless by law or as directed by you in your application.

Stockton-on-Tees Borough Council is the data controller for the purposes of Data Protection Act 1998.

Please note that you are entitled to obtain details of the data, the purposes for which it is held and a description of those to whom it may be disclosed by telephoning 01642 526750 or visiting our web site on www.stockton.gov.uk under Data Protection.

This section is for office use only

To HSC

Returned

To Doctor

Returned

Date approved

Referred for refusal, date

Letter to applicant, date