

DISABLED BUS PASS APPLICATION FORM

To apply for a disabled persons bus pass please complete this form and attach two recently taken photographs. These should be of passport size, a close up of your head and shoulders, facing forwards, looking straight towards the camera and without a hat. Please print your name on the back of each photo. A bus pass cannot be issued without a photo.

To qualify for a bus pass you must be a permanent resident within the area covered by Harlow Council, please provide proof of residency.

Your application should be handed in to:

Contact Harlow, Harlow Council, Civic Centre, The Water Gardens, Harlow, Essex, CM20 1WG

The pass will then be processed and sent to you through the post.

If you are accepted onto the scheme then the pass is free and can be used for off peak travel, which is between 9.30am – 11pm, throughout England on the local bus service. Please see leaflet for full conditions of use, which is available from Contact Harlow. The Council regrets that it is not responsible for any amendments or alterations to bus services and timetables.

The following are guidance notes on eligibility, Transport Act 2000.

NB Those people who persistently misuse drugs or alcohol are not covered by the definition of 'disabled person' under the act and are thus not entitled.

- a) blind or partially sighted
- b) profoundly or severely deaf
- c) without speech
- d) has a disability, or has suffered an injury, which has a substantial and long-term effect on ability to walk. **IE** is in receipt of higher rate mobility component of DLA for at least 12 months. (please provide proof)
- e) does not have arms or has long-term loss of the use of both arms.
- f) has a learning disability, that is a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning
- g) refused a driving licence on medical grounds
- ie Epilepsy (unless it is of a type which does not pose a danger – has not had an attack whilst awake for a year or more, or has a history of attacks whilst asleep over the past three years.

If you move after receiving your pass please inform the bus pass section at Contact Harlow.

If you have any queries, or need any further help or information, please telephone us on (01279) 446655.

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PLEASE PRINT

Title	Mr / Mrs / Miss / Ms (please circle)		
Forenames:	Surname:		
Address			
Postcode:			
Telephone No.:			
Date of Birth:			
Are you registered as disabled with the Social Services department? If yes please supply proof. Yes <input type="checkbox"/> No <input type="checkbox"/>			
Brief description of your disabling condition:			
Name of Doctor:			
Address:		Telephone number:	
I hereby declare:			
1) the above information to be correct 2) that the Council is authorised to contact my doctor about this application (doctors may charge you for this)			
Signed:.....Date:.....			
BP No:.....Letter to doctor <input type="checkbox"/> Reply received <input type="checkbox"/>			

Harlow Council undertakes that it will treat any personal information that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.