

Companion Bus Pass

ELIGIBILITY ASSESSMENT FORM



NEWPORT
CITY COUNCIL

CYNGOR DINAS
CASNEWYDD

All applicants requiring a companion bus pass **MUST** complete this form in addition to a concessionary travel card application form for people applying on the grounds of disability.

Applicants may wish to apply for a Companion Bus Pass. This type of pass can be issued when the applicant meets the criteria for a concessionary travel pass and is so severely disabled that assistance is required for planning and / or making some / all journeys.

Applicant's Details (one application per person)

Title (Mr/Mrs/Miss/Ms):..... Surname:.....

Forename(s):..... Date of Birth:.....

Address:.....

..... Postcode:.....

Telephone No:..... Email:.....

Details of Disability

I am registered as having a Learning Disability that is a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning

(tick box)

Challenging behaviours, who need to be supervised at all times

Severe cognitive and mental impairments (including people who have no awareness of risk and limited ability to plan and follow a journey)

A combination of visual and hearing loss or visual and speech loss that prevents independent mobility

Difficulties using a wheelchair independently

N.B. The applicant must provide evidence from either a qualified medical, health or social worker to support the application.

Am in receipt of PIP points

12 points under mobility descriptor 11 "planning and following journey" or
12 or more points under Mobility Descriptor 12 "Moving around"

Applicant to provide DWP award letter

I declare that to the best of my knowledge the particulars I have given are correct.

SIGNATURE:

(*Parent/Guardian/Applicant/Advocate) *Delete as appropriate