

# Companion Bus Pass

## ELIGIBILITY ASSESSMENT FORM



**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

- |  | (tick box)               |
|--|--------------------------|
| 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 | <input type="checkbox"/> |
| Challenging behaviours, who need to be supervised at all times   | <input type="checkbox"/> |
| Severe cognitive and mental impairments (including people who have no awareness of risk and limited ability to plan and follow a journey)  | <input type="checkbox"/> |
| A combination of visual and hearing loss or visual and speech loss that prevents independent mobility  | <input type="checkbox"/> |
| Difficulties using a wheelchair independently  | <input type="checkbox"/> |

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

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