



South Bucks
District Council

FORM D

FOR OFFICIAL USE

Permit No:

Date electronically sent:
(to be printed)

Input by:

Proof of Disability:

PLEASE NOTE

Please complete this application form (Form D) and send it together with one passport sized photograph and proof of your disability, in the enclosed pre-paid envelope. And ONLY where appropriate complete and attach FORM D(c)

NATIONAL CONCESSIONARY BUS PERMIT FOR DISABLED PEOPLE
APPLICATION FORM

SURNAME: MR/ MRS / MISS _____

FORENAME: _____

ADDRESS: _____

_____ **POSTCODE:** _____

DATE OF

BIRTH: _____ **TEL NO:** _____

I CONFIRM THAT:

(a) I am permanently resident in the South Bucks District Council area;

(b) I suffer from a disability or other injury which seriously impairs my mobility, such disability being of a long term nature; or

(c) I have a learning disability or severe learning disability, or

(d) I have been refused a driving licence or had my driving licence revoked on medical grounds; OR

Other (please specify)

AFFIX

PHOTO

HERE

NB. If your disability is such that you are unable to travel on a Bus without the assistance of a companion you will need to request FORM D(c). This will need to be completed by your doctor and must be submitted at the time of applying for your bus pass. The ability to have a companion will be identified on your pass. The companion will not be issued with a separate companion pass. Although your pass would indicate that you need a companion the local transport operators do NOT have to allow a companion to travel free of charge and that this will depend on the policy of the individual company.

Should my circumstances entitling me to a concessionary bus permit change, I will inform the Council immediately. I also undertake to return the permit to South Bucks District Council should I move out of the Council's area.

SIGNED: _____ REGISTERED DISABLED
NO: _____
(If applicable)

DATE: _____

To qualify for this permit the Council requires confirmation of your disability. If you are unable to provide a registered disabled number please ask your Doctor to complete FORM D(c).

IN THE EVENT OF ANY QUERY PLEASE TELEPHONE 01895 837200 EXT 7266/7350

PLEASE RETURN Director of Resources, South Bucks District Council, Council Offices,
TO: Capswood, Oxford Road, Denham, Bucks UB9 4LH. *Please note that permits will normally be issued within 10 working days of receipt of application.*

FORM D(c).

Please fill in the following form **ONLY** if :

- a). You are unable to provide a registered disabled number on Form D
- b). Your disability is such that it is **ESSENTIAL** that you have a companion to be able to travel on a bus.

TO BE COMPLETED BY YOUR DOCTOR –

I confirm that to the best of my knowledge the information provided on Form D attached is correct .

Delete either (i) or (ii) below:

I confirm that the disability of the applicant is such that:

- (i) It is **ESSENTIAL** that the applicant has a companion with them to be able to travel on a bus.
- (ii) It is **NOT ESSENTIAL** that the applicant has a companion with them to be able to travel on a bus.

SIGNED:

DATE:

NAME: (Please Print)

ADDRESS :
.....
.....

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