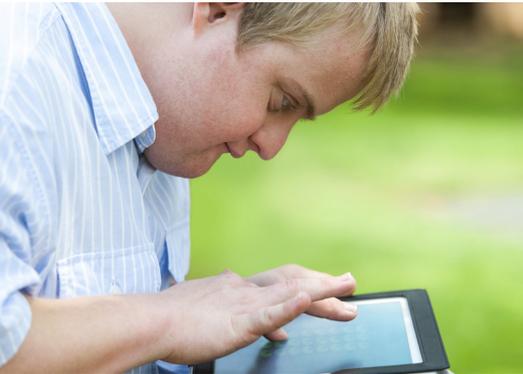


# Disabled Person's and Blind Person's Travel Pass Application Form



[wymetro.com](http://wymetro.com)      

# Disabled Person's and Blind Person's Travel Pass **Application Form**

## Section 1 Your Details Please complete ALL sections in block CAPITALS

|               |   |   |   |   |   |   |   |
|---------------|---|---|---|---|---|---|---|
| First name    | <input type="text"/>  |   |   |   |   |   |   |
| Last name     | <input type="text"/>  |   |   |   |   |   |   |
| Address       | <input type="text"/>  |   |   |   |   |   |   |
| Post code     | <input type="text"/>  |   |   |   |   |   |   |
| Phone number  | <input type="text"/>  |   |   |   |   |   |   |
| Email address | <input type="text"/>  |   |   |   |   |   |   |
| Date of birth | <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> </table> | D | D | M | M | Y | Y |
| D             | D   | M | M | Y | Y |   |   |

## Section 2 Eligibility

You may qualify for a Blind or Disabled Person's Travel Pass if you receive any of the following benefits:

| Please tick if you have a Blue Badge or receive any of the following benefits:  | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Blue Badge parking permit, please write your badge number here:<br><input type="text"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Higher rate mobility</b> component of Disability Living Allowance  | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal Independence Payment (PIP) with an award of at least 8 points for 'Moving Around' or 'Communicating Verbally' activities | <input type="checkbox"/> | <input type="checkbox"/> |
| War Pensioner's Mobility Supplement (WPMS)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Armed Forces Compensation Scheme (AFCS) award Tariff Level 1-8  | <input type="checkbox"/> | <input type="checkbox"/> |

**If you receive any of the benefits listed above, please provide a copy of your benefits award letter dated within the last 12 months. This should state your full name and address and a breakdown of your award, including the rates you receive and for how long.**

If you have ticked **yes** to any of the boxes in Section 2 and can provide proof of your benefits, please complete Sections 4, 5 and 6.

If you have ticked **no** to all of the boxes in Section 2, please complete Sections 3, 4, 5 and 6.

## Section 3 Your Disability

Please tick which of the following applies to you and provide the relevant supporting evidence.

### Eligibility criteria and supporting evidence

Yes

#### 1. I am blind or partially sighted. Please tick.

If you are severely sight impaired (blind) or sight impaired (partially sighted) and **NOT** registered with your local authority you will need to provide **one** of the following:

- A Certificate of Vision impairment (CVI)
- A BD8 form signed by a Consultant Ophthalmologist
- An evidence form completed by a medical professional\*

#### 2. I am profoundly or severely deaf. Please tick.

If you are profoundly or severely deaf and are **NOT** registered with your local authority you will need to provide **one** of the following:

- A letter or audiological report from an aural specialist indicating that your hearing loss is more than 70dBHL in both ears
- An evidence form completed by a medical professional \*

#### 3. I am without speech. Please tick.

Please note that this does not include people who have slow speech or a severe stammer.

Please provide **one** of the following:

- A letter from a medical professional\* confirming that you are unable to communicate orally in any language
- An evidence form completed by a medical professional\*

#### 4. I do not have arms or have long-term loss of use of both arms. Please tick.

Please provide **one** of the following:

- A letter from a medical professional\* confirming that you are unable to use your arms to carry out day-to-day tasks such as paying coins to a bus driver
- An evidence form completed by a medical professional\*

#### 5. I have a learning disability. Please tick.

A learning disability that is a state of arrested or incomplete development of mind, which includes **both** a significant impairment of intelligence **and** social functioning. This disability must have started before adulthood.

Please provide **one** of the following:

- A letter from your Social Services key worker or a medical professional\* confirming that you have a learning disability which includes **both** a significant impairment of intelligence **and** social functioning. These disabilities must have started before adulthood and have a lasting effect on development.
- Evidence of a statement of educational needs.
- An evidence form completed by a medical professional\*

**6. I have a disability or have suffered an injury which has a substantial and long term adverse effect on my ability to walk.** Please tick.

Please provide a completed evidence form or a letter from a medical professional\* confirming the statement above.

**7. You have been or would be refused a driving licence on certain medical grounds.**

Please tick.

This includes conditions such as dementia, sudden attacks of dizziness or fainting, epilepsy (unless it is of a type which does not pose a danger if you drive) and any other disability which would cause you to be a danger to yourself or others when driving.

You will not qualify if your condition is related to the persistent misuse of drugs or alcohol.

Please provide **one** of the following:

- A letter from the DVLA indicating refusal or withdrawal of your licence for a minimum of 12 months.
- A completed evidence form or letter from a medical professional\* confirming that you are unfit to drive and the reason and length of time for which you will be unfit to drive (this letter must be dated within the last 12 months).

**\*Medical Professionals** who can provide supporting evidence include hospital consultants, occupational therapists, physiotherapists, general practitioners and nurses.

You can download and print a **medical evidence form** from [ticketsandpasses.wymetro.com](https://ticketsandpasses.wymetro.com) or you can contact your local council to ask for a form.

Some medical professionals might charge a fee to provide you with a letter or to complete the evidence form. We cannot help with any of those costs.

## Section 4 Companion Pass

If you qualify for a Blind or Disabled Person's pass **and** you are unable to travel alone, you may be entitled to a companion pass.

**I would like to apply for a companion pass.** Please tick.

**Please tick if you receive any of the following benefits:**

- Higher rate of the Care Component of Disability Living Allowance
- Enhanced rate of the Daily Living Component of Personal Independence Payment
- Personal Independence Payment – at least 10 points on the 'planning and following a journey' activity
- Higher rate Attendance Allowance

If you receive any of the benefits listed above, please provide a copy of your benefits award letter dated within the last 12 months. This should state your full name and address and a breakdown of your award including the rates you receive and for how long.

If you are not in receipt of these benefits, you must provide a completed evidence form or a letter from a medical professional\* (see page 3) giving the reasons why you need to be accompanied when travelling.

## Section 5 Photograph

Please attach a passport style photograph to your application.

*An unsuitable photograph may result in a delay to your application.*

The photograph must:

- ✓ Be passport sized (approx 45mm high by 35mm wide)
- ✓ Have been taken within the last 12 months
- ✓ Be in colour, against a plain background if possible
- ✓ Show a close-up of your full head and shoulders
- ✓ Be only of you with no other objects or people
- ✗ You should not be wearing a hat or sunglasses

Attach photograph  
(Do not staple)

**Please write your name and date of birth on the back of the photograph.**

## Section 6 Declaration

I declare that the information given on this form is correct and I will abide by the conditions of use.

**Signature**

**Date**

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

**Use the checklist below to make sure you have completed the application correctly.**

- ✓ Enclosed evidence of your disability
- ✓ Enclosed one photograph with your name and date of birth written clearly on the back. This photo needs to have been taken within the past 12 months
- ✓ Signed and dated Section 6 - Declaration

*Please return your form to:*

**Bradford Council, Transport and Education Team, Britannia House, Hall Ings,  
Bradford, BD1 1HX**

### Staying in touch

We will keep you informed about the process of your travel card.

We'd love to drop you an email every now and then to let you know about all the latest travel card developments and any exciting offers. Please be sure to tick this box so we can keep you posted.

You can withdraw your consent at any time by contacting us:

Customer.feedback@westyorks-ca.gov.uk

Wellington House, 40-50 Wellington Street, Leeds, LS1 2DE

MetroLine 0113 245 7676

## Privacy Statement

For the purposes of the Data Protection Act 1998 DPA (and the General Data Protection Regulation, GDPR, which will replace the DPA on 25 May 2018), the 'controller' of the personal data which you provide in the attached form is the West Yorkshire Combined Authority ("the Combined Authority", "we", "us") of Wellington House, 40-50 Wellington St, Leeds LS1 2DE (tel: 0113 251 7272). The Combined Authority is registered with the Information Commissioner's Office with registration number ZA051694.

The Combined Authority is collecting this data and will process it for the purpose of delivering the MCard and Concessionary Travel Schemes, statistical monitoring and to comply with government-mandated obligations such as the National Fraud Initiative. We would also like to keep you informed of updates and offers relating to the above schemes. We will only send you this information if you consent to receive it.

The data will also be processed by the following organisations:

- Local Councils (for the processing of Blind and Disabled Person's travel passes only)
- Power Objects HCL (who maintain our customer relationship database)
- Burrell and Euclid (card printers)
- Headland (who maintain the WYMetro and MCard websites)
- West Yorkshire Ticketing Company (owner of the MCard brand)
- Your employer (for the processing of the Corporate Annual MCard only)

The Combined Authority will not share your personal information with any other organisation or third party other than those named above. There may be other circumstances in which we may share or use certain information about you, which are:

1. if we have a legal obligation to do so or if we are required or requested to do so by a competent authority such as the police or a court.
2. if we need to use or disclose your information to obtain legal advice or in connection with legal proceedings.
3. if we need to share your information to protect your vital interests if you are unable to give us consent or it is unreasonable for us to ask for your consent in the circumstances (e.g. if you are injured).

We will retain your information for 366 days after either the expiry of the last registered card or, where there is no expiry date, after the last transaction has taken place in accordance with our information retention policy and on the expiration of such period we will safely delete it. Any customer records which have had no transactions will be removed after 3 months.

Information provided to the Combined Authority will be processed on the basis of the performance of a contract with individuals, to deliver goods and services requested. We do not require separate consent to use such data for this purpose. However, as a data subject you have a number of rights under the DPA and the upcoming GDPR. These include the right to access the information which we hold about you. In some cases you may have a right to have your personal data rectified, erased or restricted, and to object to certain use of your data. You have an absolute right to demand that you stop receiving marketing information.

You may also withdraw your consent and ask us to delete your information at any time by contacting us at the address provided. This would not affect the legality of what we do with your personal data before you withdraw consent and would not stop us from continuing to use your data to the extent that we do not require your consent. It would stop us from further using data for purposes which require your consent (e.g. marketing).

If you are unsatisfied with the manner in which we collect or handle your personal data you have a right to make a complaint to the Information Commissioner's Office. Information about how to make complaints can be found on the ICO's website at [ico.org.uk](http://ico.org.uk)