Who is the scheme for?
You can apply if you are normally resident in Leicester and are:

• Registered as severely sight impaired (blind) or sight impaired (partially sighted) with VISTA;
• Profoundly or severely deaf in both ears;
• Without speech;
• Without the use of both arms;
• Have a learning disability including significant impairment of intelligence and social functioning;
• Likely to be refused a driving licence for medical reasons, otherwise than on the ground of persistent misuse of drugs or alcohol;
• Having a permanent and severe walking difficulty

You may automatically qualify for a pass -
If you have been awarded any of the following benefits for at least 12 months.
You will need to provide your award letter as evidence of receipt of these benefits:

• Higher Rate Mobility Component of Disability Living Allowance;
• Personal Independence Payment (PIP) indicating that you cannot walk more than 50 metres or cannot communicate without help;
• War Pensioners' Mobility Supplement.

If you have been awarded a lump sum under the Armed Forces Compensation Scheme, you will need to provide as evidence either your Notice of Walking Disability letter or Reasons for Decision letter from the Service Personnel and Veterans Agency or Veterans UK.

If you have a Blue Badge (Disabled Person’s Parking Permit) issued by Leicester City Council you will automatically qualify.

If you hold a Senior Citizen’s travel concession and also meet the criteria for a disabled person’s pass, you can surrender it in exchange for a disabled person’s concession if you prefer.

Our Customer Service Centre is located at:
Customer Services, York House, 91 Granby Street, Leicester, LE1 6FB
Customer Services is open on Mon – Fri but closed on Sat & Sun.
Opening times: Mon - Thurs 8:30am - 5:00pm & Fri 8:30am - 4:30pm
What benefit will I get from my concession?

You may choose either a travel pass OR to receive an annual payment of £22.00 by bank payment.

If you choose a pass:

Your pass will enable you to travel free on local buses in all parts of England, between 9:30am and 11:00pm Mon - Fri and all day at weekend and bank holidays.

You are also entitled to free bus travel before 9:30am Mon - Fri, provided your journey begins in Leicester. The pass can also be used at all times on Leicester Park & Ride services to obtain a reduced concessionary fare (not free travel). Visit www.leicesterparkandride.co.uk for details.

Passes are valid for free train travel at all times on train journeys between Leicester and stations in Leicestershire, and between Leicester and Derby, Nottingham, Grantham, Peterborough, Kettering and Nuneaton.

If you choose to receive payment by bank payment:

You are entitled to a payment of £22.00 per year, for the year from 1 April to 31 March. Applications received between 1st of September & 31st December qualify for a reduced payment of £11.00.

Which is best, a pass or the annual payment?

A pass is best if you mostly travel by bus or train. The annual payment is best if you only use the buses or trains less than once month, or need to travel by taxi.

How do I apply and how long will it take to get my pass?

Fill in all relevant sections of the form and send it to the address shown with a photograph of the size used in passports. The photograph needs to be taken against a solid grey or white background with facial features unobscured. You will also need to send proof of entitlement; either Section 4 signed by a health professional or evidence of receipt of qualifying benefit. You must sign Section 5 of the form (or have someone sign it on your behalf if you are under 18 or are not able to sign for yourself). At our busiest times it can take us up to 28 days (4 weeks) to deal with all the applications we receive.

Once completed - send the signed form, photograph and proof of entitlement to Disabled Persons’ Travel Scheme, Leicester City Council, York House, 91 Granby Street, Leicester LE1 6FB

IMPORTANT INFORMATION: Only the pass most recently issued to you is valid for travel. Therefore if you lose your pass and get a replacement, your original pass ceases to be valid, even if you later rediscover it. You are likely to be refused free travel if you present anything other than your most recent pass.

If your circumstances have changed, you have moved address or need a replacement pass please contact Customer Services.

This pass is only valid for you; do not let another person use your pass. Your right to free travel is not transferable.
Leicester Concessionary Travel Pass for Disabled People

Please use BLOCK CAPITALS

SECTION 1

Is this a:   ☐ New application   ☐ Renewal application

Title (Mr/Mrs/Miss/Ms/Mx/Other) ................. Surname/Family Name ...........................................

First Name(s) ............................................................................... Date of Birth ................................

Address ........................................................................................................................................
....................................................................................................................................................

Postcode .......................................... Telephone Number ..............................................................

Email address ...............................................................................................................................

Your choice of Concession (tick one box):   ☐ Travel Pass   ☐ Annual payment by bank transfer

SECTION 2

Which type of disability do you have? (tick one or more boxes as applicable):

☐ Sight Impaired or Severely Sight Impaired   ☐ Severely/Profoundly Deaf
☐ Without Speech      ☐ Without the use of both arms  ☐ Learning Disability
☐ Medically unfit to hold a driving licence  ☐ Severe Walking Disability

SECTION 3

This section is to provide evidence that you are eligible. You may complete more than one section if it applies to you:

For SIGHT IMPAIRED or SEVERELY SIGHT IMPAIRED people:

Are you registered with VISTA?  Yes ☐ No ☐

Please provide your VISTA registration number ........................................................................

This information may be used to check your eligibility.

If you have ticked Yes and have no other disability, go to Section 5

For SEVERELY DEAF or PROFOUNDLY DEAF people:

To qualify for the concessionary travel scheme you need to have a hearing loss of 70dBHL or greater in both ears. You should ask an audiologist or aural specialist to provide a signed letter or statement about your level of hearing loss and enclose it with this form.

☐ Letter or statement enclosed

If you have a letter/statement and no other disability, go to Section 5

For people with a LEARNING DISABILITY where they have a significant impairment of intelligence and social functioning:

Have you attended a Special School or Day Centre or other form of specialist service?  Yes ☐ No ☐

If YES, please write here the name and address of the school or specialist service.

................................................................................................................................................

We will use this information to cross check records already held by Leicester City Council (your SEN or Social Care Transport records and/or EHCP) to confirm your eligibility. This may help to speed up your application.

Please ask your health professional to give further information in Section 4(c)
SECTION 3 Continued

For people with a SEVERE WALKING DISABILITY:

Are you applying on the grounds of qualifying through receipt of the Higher Rate Mobility Component of Disability Living Allowance or Personal Independence Payment (PIP) or the War Pensioners’ Mobility Supplement?  

Yes ☐  No ☐  

☐ Evidence of receipt of benefit for at least 12 months enclosed. You do not need to ask a health professional to complete Section 4.

Are you applying on the grounds of receiving a lump sum payment under the Armed Forces Compensation Scheme?  

Yes ☐  No ☐  

If yes, you need to provide as evidence either your Notice of Walking Disability letter or Reasons for Decision letter from the Service Personnel and Veterans Agency or Veterans UK. If you have a Notice of Walking Disability, you will qualify automatically. You can also qualify if you do not have a Notice of Walking Disability, but your Reasons for Decision letter includes injuries that entitle you.

☐ Evidence enclosed

Are you applying on the grounds of having a current, valid Blue Badge (Disabled Person’s Parking Permit) issued by Leicester City Council?  

Yes ☐  No ☐  

Please provide Blue Badge number .................................................................

We will use the number to check you have a current, valid Blue Badge in order to confirm your eligibility for a Disabled Persons’ Concessionary Pass.

If you do not have current, valid, Blue Badge, please ask a health professional to complete Section 4(e).

If you have a severe walking disability that cannot be evidenced by one of the routes above, please ask a health professional to complete Section 4(e).

If your severe walking disability has been evidenced above, please go to Section 5.

For people MEDICALLY UNFIT TO HOLD A DRIVING LICENCE:

I confirm that:

☐ I have never held a driving licence because I am medically unfit, or

☐ I have held a driving licence and have surrendered it to the DVLA because I am medically unfit to hold it

Please ask your health professional to give further information in Section 4(d).
For people who are WITHOUT SPEECH, or have a SEVERE WALKING DISABILITY or who are WITHOUT THE USE OF BOTH ARMS, or HAVE A LEARNING DISABILITY or are otherwise likely to be REFUSED A DRIVING LICENCE ON MEDICAL GROUNDS, you must get Section 4 below completed by a health professional (see below for the type of health professional who can sign). A health professional may make a charge for signing the form, which you will have to pay; Leicester City Council will not refund this charge.

If you are applying due to having a learning disability or mental health condition, this section must be completed by General Practitioner, Hospital Consultant, Psychiatrist or Community Psychiatric Nurse. Other sections may be completed by your Community/Practice Nurse, Occupational Therapist, Hospital Consultant or General Practitioner (GP).

**To be completed by a health professional** (please see notes above as to what type of health professional needs to complete this section). Please write CLEARLY and in BLOCK CAPITALS.

I certify that (name of applicant) ..........................................................................................................

(a) is **without speech** (i.e. unable to communicate in any language) due to ........................................

Signed .................................................................  Date .............................................

(b) is **without the use of both arms**, due to .................................................................................

Signed .................................................................  Date .............................................

(c) has a **learning disability** which includes significant impairment of intelligence **and** social functioning, due to ..............................................................................................................

Signed .................................................................  Date .............................................

(d) would be **likely to be refused a driving licence on medical grounds**, due to ...............................

Signed .................................................................  Date .............................................

(e) has a **severe walking disability** which will last at least 12 months and means he/she cannot walk or is virtually unable to walk, due to ......................................................................................

Signed .................................................................  Date .............................................

Name of health professional completing the form (BLOCK CAPITALS please):

.................................................................................................................................................

Occupation .........................................................  Tel. Number ...................................

Name and Address of Practice or Establishment ...........................................................................

.................................................................................................................................................

☐ I (the health professional) confirm that I am happy to provide further information/clarification on request

Official stamp of health professional or their establishment (if available)
SECTION 5

I declare that:

a) I believe I am eligible for a Concessionary Travel Pass by disability.
b) I am resident in Leicester (not Leicestershire).
c) All information given is correct to the best of my knowledge.
d) If my circumstances change so as to make me not eligible for the scheme, I will return my concessionary pass to Leicester City Council.

Signature ................................................. Date .............................

If you are signing on behalf of a person who is under 18 or for someone who is unable to complete and sign this form themselves please provide your name and your relationship to the applicant or in what capacity you are making the application.

Name ........................................................................................................................................

Relationship to applicant ........................................................................................................

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Checklist:

☐ Form signed by the applicant or person completing form on their behalf (and their relationship to the applicant if signed on their behalf)

☐ Photograph of the applicant enclosed

☐ Letter or statement of hearing loss (if applicable) enclosed

☐ Evidence of receipt of Higher Rate Mobility Component of Disability Living Allowance or Personal Independence Payment (PIP) or the War Pensioners Mobility Supplement for at least 12 months (if applicable) enclosed

☐ Evidence of Notice of Walking Disability letter or Reasons for Decision letter from the Service Personnel and Veterans Agency or Veterans UK (if applicable) enclosed

☐ Signed health professional declaration for other disabilities (Section 4).

At our busiest times it can take us up to 28 days (4 weeks) to process the applications we receive. PLEASE ALLOW 28 DAYS FOR YOUR PASS TO BE SENT TO YOU.

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Large print of leaflets available on request.