## Data protection statement

The purpose for collecting your personal details on this form is to allow us to process and assess your application for a disabled person's companion pass. We will store all details securely and confidentially within the Passenger Transport Unit on a computer system. Access to the information will be on a strictly need-to-know basis. Paper proofs are shredded immediately after assessment of application and all other information will be retained for three years before being securely disposed of/deleted from our systems. Information may need to be shared with other accredited organisations or agencies such as the Audit Commission and the printing company used for production of the pass, in line with the Data Protection Act.

I have read the above and agree to my personal information being processed as described.

## Disabled person's details

|  |  |  |
| --- | --- | --- |
| Title |  | |
| First name(s) |  | |
| Surname |  | |
| Address, including postcode |  | |
| Phone number |  | |
| Email address |  | |
| Date of birth |  | |
| National insurance number |  | |
| Which disabled person's entitlement applies to you? – see guide on the following page. | | A  B  C  D  E  F  G |

Signed       parent/guardian signature if under 16 years old.

Name       Date

## Companion entitlement – for completion by a medical professional

I confirm the details above are correct and that the applicant needs a companion pass for:

full-time attendance due to their condition

physical assistance boarding or alighting the bus

assistance in planning or finding information about their journey

assistance in finding the correct bus

|  |  |  |
| --- | --- | --- |
| Name and medical title |  | Practice or surgery stamp |
| Address, including postcode |  |
| Phone number |  |

Signed       Date

## Companion pass guide

Disabled applicants who would not be able to make a journey regularly without assistance from a travelling companion may be entitled to a companion pass.

The signature of a medical professional or specialist – an independent person who has a medical qualification or knowledge of your medical condition – is needed to confirm the applicant needs full-time attendance or help either to:

* get on or off the bus
* plan or find information about their journey
* find the correct bus

You cannot use your companion pass outside of Thurrock, Essex and Southend.

## Disabled person's entitlement guide

|  |  |  |
| --- | --- | --- |
| **Category** | | **Proof to accompany disabled person's application** |
| **A** | Blind or partially sighted | Letter from your GP, a Senior Practice Nurse or an optometrist confirming that you are blind or partially-sighted in receipt of Higher Rate Mobility or Care Component of the Disabled Living Allowance, war pensioner's Mobility Supplement, or Blue Badge. |
| **B** | Profoundly or severely deaf | Letter from your GP, a Senior Practice Nurse or audiologist confirming that you are deaf, in receipt of Higher Rate Mobility or Care Component of the Disabled Living Allowance, or war pensioner's Mobility Supplement. |
| **C** | Without speech | Letter from your GP or a Senior Practice Nurse confirming you are without speech, in receipt of Higher Rate Mobility or Care Component of the Disabled Living Allowance, or war pensioner's Mobility Supplement. |
| **D** | Disability, which has a substantial long-term adverse effect on your ability to walk | Letter from your GP or Senior Practice Nurse confirming that your walking ability is permanently and substantially impaired to the extent that you are unable to walk more than 64 metres without severe discomfort, or in receipt of Higher Rate Mobility or Care Component of the Disabled Living Allowance, war pensioner's Mobility Supplement, or a Blue Badge. |
| **E** | Long term loss of use of both arms or the loss of both arms | Letter from your GP or Senior Practice Nurse, confirming you are in receipt of Higher Rate Mobility or Care Component of the Disabled Living Allowance, or war pensioner's Mobility Supplement. |
| **F** | Learning disability | Letter from your GP or Senior Practice Nurse confirming your learning disability. |
| **G** | Refusal of driving license or unable to drive due to medical reasons | Letter from DVLA confirming the refusal of a driving licence, or a letter from your GP confirming that you would likely to be refused a driving licence due to your medical condition. This does not include those excluded from holding a driving licence due to the persistent misuse of drugs and or alcohol. |

Return form to: **Passenger Transport Unit, Thurrock Council, New Road, Grays, RM17 6SL**

Find out more: **www.thurrock.gov.uk/buspass**