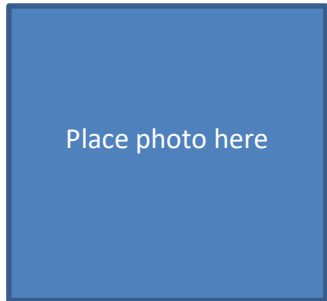


**MANX CARE COMMUNITY SERVICES
Adult Social Care**

CONCESSIONARY BUS FARE SCHEME – APPLICATION FORM

The Concessionary Bus Fares Scheme 1983, as approved by Tynwald, defines a qualified person as anyone who is **Severely Sight Impaired (Blind), Profoundly Deaf, permanently or temporarily unable to speak, or otherwise substantially, physically or mentally incapacitated by illness, injury or physical disability present from birth** are entitled to a Concessionary Bus Pass. Applications cannot be accepted for children under five years of age.



Full Name of Applicant: _____ Mr / Mrs / Miss / Ms

Date of Birth
Tel. No.

Address:

_____ Post Code

I wish to apply for a **CLIENT ONLY** Bus Pass. **YES / NO**

I wish to apply for a **CLIENT + CARER** Bus Pass. **YES / NO**

I wish to apply for a **CLIENT + TWO CARER** Bus Pass. **YES / NO**

If you are applying for this type of pass, please state if this is temporary as part of impending independence, or permanent. **TEMPORARY / PERMANENT**

To comply with the DOI (Transport Division) requirements to produce your new Go Card, **please provide TWO passport size photograph of yourself**, endorsed by a counter signatory, who must –

- A Be a British citizen and hold a British citizen passport. (Republic of Ireland citizens are also acceptable).
- B **Not** be a member of your family (either blood relative, partner or connected by marriage), unless they are your registered carer.
- C Have known you personally for at least two years.
- D Be a professionally qualified person such as a member of Tynwald, Minister of Religions, Advocate, Bank Officer, Civil Servant, School Teacher, College Lecturer, Police Officer or Parish official or someone who has known you for at least three years.
- E Endorse the reverse of your photograph with the wording “*I certify that this is a true likeness of* (insert full name of applicant)”, they should then add their signature and date.

Please sign the following authorisation giving your consent for the D H & S C to forward your photograph to the D o I (Transport Division)

I declare that, to the best of my belief, all the statements I have made on this form are true and I agree to the Department of Health and Social Care contacting other Departments for the purpose of obtaining information to support my application.	Applicant’s Signature	Date
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FOR OFFICIAL USE ONLY

ASAT CLIENT – CLIENT - CLIENT+ - LOST / Appeal / Refused / Approved Sign:..... Date:.....
ONLY +CARER 2 X CARER REPLACEMENT

DLA I S (M) W P (M) Reg S S I (B) Approved / Refused DoI (T O) Sign:..... Date:.....

Part A: Are you in receipt of any of the following allowances on a **long term indefinite basis, not subject to review?**

High Rate Mobility Component of Disability Living Allowance	Yes		No	
Income Support Mobility Premium	Yes		No	
War Pension Mobility Supplement	Yes		No	

Part B:

Are you Registered Severely Sight Impaired (Blind) under The Social Services Act 2011	Yes		No	
<i>Clients <u>must</u> be accompanied by Carer(s) at all times. Carer(s) cannot use the pass as an individual.</i>	Yes		No	
Do you require a Bus Pass for a carer to accompany you				
Do you require a Bus Pass for two carers to accompany you	Yes		No	
If yes, is this temporary as part of impending independence or will this be permanent – please state				
Do you require the addition of a Carer to your existing Bus Pass	Yes		No	
Are you profoundly or severely deaf	Yes		No	
Are you without Speech	Yes		No	
Do you have a disability, or suffered an injury, which has a substantial and long-term adverse effect on your ability to walk	Yes		No	
Does not have arms or has long-term loss of the use of both arms	Yes		No	
Do you have a learning disability	Yes		No	
Have you been told not to drive on medical grounds	Yes		No	

Part C: Please explain the nature of your **permanent** disability. Please explain how you meet section which is applicable to you from the guidance notes within the question(s).

Please return this form to:

Manx Care Concessionary Bus Passes, Manx Care Community Services, 3rd Floor, Murray House, Mount Havelock, Douglas. IM1 2SF Tel. (01624) 686325