

CONCESSIONARY BUS FARES SCHEME

APPLICATION FORM

The Concessionary Bus Fares Scheme 1983 (Amendment) Scheme 1987, as approved by Tynwald, defines a qualified person as any person who meets the definition of Section 27 (1) of the National Assistance (Isle of Man) Act 1951. This means anyone who is **Blind, Deaf, Dumb or otherwise substantially and permanently handicapped by illness, injury or congenital deformity** are entitled to a Concessionary Bus Pass. Children under five years of age and Adults over sixty years of age **are not** eligible for DHSC Concessionary Bus Passes.

PART A

Full name of Applicant

Mr / Mrs / Miss / Ms

Date Of Birth

Address

Telephone No.

Post Code

PART B

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

NO

YES

Income Support **Mobility** Premium

NO

YES

War Pension **Mobility** Supplement

NO

YES

Are you Registered Blind under the National Assistance (IOM) Act 1951?

NO

YES

Do you require a Bus Pass for a Carer to accompany you?

NO

YES

(A Carer's Bus Pass can only be used when accompanying the Concessionary Bus Pass Holder)

Please explain the nature of your *permanent* disability in relation to the National Assistance (IoM) Act 1951.

If your application is successful, you will receive a letter to take to the Department of Community Culture and Leisure Welcome Centre, who will issue you with a Concessionary Bus Pass.

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 DH&SC contacting other Departments for the purpose of obtaining information to support my application.

Signature _____

Date _____

Please return this form to:

Concessionary Bus Passes, Department of Health & Social Care, 3rd Floor. Markwell House. Market Street. Douglas, IM1 2RZ
Telephone Enquiries: (01624) 686325

FOR OFFICIAL USE ONLY

A S A T C - C+C - +C - +2xC - Rep - / Refused / Appeal / Appr Date _____ Initials _____

DLA IS WP REG B Approved

Client _____ DCCL W CTR _____ Initials _____