

**DEPARTMENT OF HEALTH AND SOCIAL CARE  
Adult Social Care**

**CONCESSIONARY BUS FARE 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 Social Services Act 2011. This means 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 and adults who are eligible for a Go Silver Card in accordance with the following table:

| <b><u>Born</u></b>                      | <b><u>Bus Pass issued on</u></b> | <b><u>At Age</u></b> |
|---|----------------------------------|----------------------|
| Prior to 31 12 1955                     | Now                              | -                    |
| 1956                                    | 2019                             | 63                   |
| 1957                                    | 2021                             | 64                   |
| 1958                                    | 2023                             | 65                   |
| 1 <sup>st</sup> January 1959 (or later) | 2025 or later                    | State Retirement 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 |
|---|-----------------------|------|

**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?**

|  |     |  |    |  |
|--|-----|--|----|--|
| <b>High Rate</b> Mobility Component of Disability Living Allowance | Yes |  | No |  |
| Income Support <b>Mobility</b> Premium                             | Yes |  | No |  |
| War Pension <b>100% Mobility</b> Supplement                        | Yes |  | No |  |

**Part B:**

|   |     |  |    |  |
|---|-----|--|----|--|
| Are you Registered Severely Sight Impaired (Blind) under The Social Services Act 2011   | Yes |  | No |  |
| <b><i>Clients <u>must</u> be accompanied by Carer(s) at all times. Carer(s) cannot use the pass as an individual.</i></b>   | Yes |  | No |  |
| Do you require a Bus Pass for <b>a carer</b> to accompany you   |     |  |    |  |
| Do you require a Bus Pass for <b>two carers</b> 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 <b>addition of a Carer</b> 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 that is a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning  | Yes |  | No |  |
| If you applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, have the application refused pursuant to section 92 of the Act (Physical Fitness) otherwise than on the ground of persistent misuse of drugs or alcohol | Yes |  | No |  |

**Part C:** Please explain the nature of your **permanent** disability in relation to the Social Services Act 2011. (See guidance notes above). Please explain how you meet section which is applicable to you from guidance notes.

**Please return this form to:**

DH&SC Concessionary Bus Passes, Department of Health and Social Care, 3<sup>rd</sup> Floor, Murray House, Mount Havelock, Douglas. IM1 2SF Tel. (01624) 686325