



North Tyneside Council

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## The Concessionary Travel Scheme for Disabled People

For Office Use	Initial	Date	Voucher No	Issued By
Entered on Computer			Issue Date	
GP Letter Sent			Reject Date	
Completed on Computer				

Surname

First Name

Mr/Mrs/ Miss/Ms/Dr

Address

Post Code

Tel No

Marital Status

Single

Married

Widowed

Cohabitee

Separated

Divorced

Date of Birth

Next of Kin Details

First Name

Surname

Mr/Mrs/Ms/Dr

Relationship

Address and Telephone No

Family Doctor Details

Name

Address

Telephone No

Have you applied for a travel permit in the past?

Yes

No

Ethnic Origin			
White:-	British	Irish	Other
Mixed:-	White and Black Caribbean	White and Black African	
	White and Asian	Other Mixed Background	
Asian or Asian British:-	Indian	Pakastani	
	Bangladeshi	Other Asian Background	
Black or Black British:-	Caribbean	African	other
Chinese or other ethnic:-	Chinese	Other ethnic group	

Are you registered as BLIND? Yes  No

Are you registered as PARTIALLY SIGHTED Yes  No

Are you registered as PROFOUNDLY DEAF Yes  No

Are you WITHOUT SPEECH/ Yes  No

Have you had a LARYNGECTOMY? Yes  No

Are you without the use of BOTH ARMS? Yes  No

Have you had a driving licence revoked or refused on medical grounds? (please provide letter of refusal from DVLA) Yes  No

Do you suffer from severe learning difficulties? (please give the name of the Day Centre, Unit or Special School you attend or have attended) Yes  No

Do you have a PERMANENT disability which SERIOUSLY Impairs your ability to walk? Please give details below and describe any aids you use to assist your mobility. Also please state how far you can walk without SEVERE pain. Yes  No

## DECLARATION

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 local authority contacting my family doctor if necessary for the purpose of obtaining information to support my application.

Signed

Date

PLEASE NOTE: Data Protection Act information on this form may be recorded on a computer but will be treated with the strictest confidence by the Authority, under the requirements of the Act