

Refused Driving Licence National Concessionary Travel Pass

Additional information

Please complete this questionnaire and return it to the address on the back of this form.

Personal details

Name: Date of birth

Address:

.....
Postcode

Contact number

About your application

Please complete the following section which relates to the reason that you would be refused a driving licence:

Section A – Epilepsy or attacks of giddiness and fainting

Section B – Sight problems

Section C – Other disabilities not covered in Sections A or B

Section A – Epilepsy or attacks of giddiness and fainting

1. The nature of my condition is (please tick):

Uncontrolled epilepsy

Attacks of giddiness or fainting

2. How many years have you been having attacks?

3. How frequently (approx) do you have an attack?

4. When was the most recent attack?

Please give details of your current medication or treatment, including a copy of your prescription or repeat prescription.

.....
.....

5. Please provide as much information about your disability as you can to support your application. Remember to include information about any medical conditions that would affect your ability to drive, receipt of DLA (if applicable) or letters of support from health care professionals if you have any.

.....
.....
.....

Section B – Sight problems

1. Are you unable to read a registration plate in good light at 20.5 metres (with lenses if worn)?

Yes No

If yes, for how many years?

2. What is the medical condition which causes your disability (if known)?

.....
.....

3. Please provide as much information as you can to support your application
e.g. a copy of your prescription from an Ophthalmologist or Optometrist.

.....
.....
.....

4. Are you registered as either blind or partially sighted? Yes No

If the answer is yes, this application form is not suitable for you. Travel passes and permits are available to people who are registered with the Local Authority as blind or partially sighted. It will not be necessary to complete a medical questionnaire or have an assessment if you apply under the blind or partially sighted criteria. You can get an application form from Transport for Greater Manchester Travel Concessions department on 0161 244 1050.

Section C – Other disabilities not covered in Sections A or B

1. What is the medical condition(s) which prevent you from holding a driving licence (if known)?

.....
.....

2. Is your disability (please tick):

Permanent Temporary Intermittent

3. Please describe your disability

.....
.....
.....

4. Please give details of your current medication or treatment, including a copy of your prescription or repeat prescription.

.....
.....
.....

All applicants to complete this section

1. Do you hold a current driving licence? Yes No

If no, go to question 4

2. Do you still drive a car either regularly or occasionally?

Yes No

If yes, how often?

.....

.....

.....

3. Why do you no longer drive? Health Other (please give brief details)

.....

.....

.....

.....

4. Have you ever held a driving licence? Yes No

If no, go to question 6

5. Why do you no longer have a licence? Health Other (please give brief details)

.....

.....

.....

6. Have you ever had a driving licence application refused on medical grounds?

Yes No

If yes, please give details and attach copy of documentation which would confirm this. If you have a letter from the DVLC, please send a copy of it with this information:

When

Reason

.....

.....

.....

(continued overleaf)

Your doctor's details

What is the name and address of your family doctor?

Name:

Address:

.....

.....

Postcode

.....

Contact number

Declaration

I confirm that to the best of my belief, all the statements I have made on this form are true. I understand that if any details are found to be false, I may have to pay any costs arising from my application for and use of a concessionary travel permit.

I understand that this information will be used only for the purposes of assessing my eligibility for a concessionary travel permit and will be held in confidence by Transport for Greater Manchester. I also understand that I may be required to attend a medical assessment.

I also consent to a request being made to my own doctor to determine the extent of my disability, if necessary.

Signed: Date:

Please now return this form to:

Travel Concessions
Transport for Greater Manchester
PO Box 429
Manchester
M60 1HX

Data Protection

The information on this form will be used only by Transport for Greater Manchester for the purpose of assessing your eligibility for travel concession. If your application is successful this form will be destroyed by Transport for Greater Manchester as soon as your pass has been issued. If your application is not successful, we will destroy the form only after 6 months, in case a decision needs to be reviewed.