

Refused Driving Licence National Concessionary Travel Pass

Additional information

You have 3 options for providing information in order that Transport for Greater Manchester can assess your eligibility for a bus pass.

Option 1: You can ask your Mental Health Care co-ordinator to complete Section B of this form.

Option 2: You can ask one of the following to complete Section C of this form;

- General Practitioner (Your GP may charge for this and it is non-refundable)
- Consultant Psychiatrist
- CPN (Community Psychiatric Nurse)
- RMN (Registered Mental Nurse)

Option 3: If you have been refused a driving licence by the DVLA, and have had a recent letter confirming this, you can send the letter to Transport for Greater Manchester and do not need to get Sections B or C completed.

Section A – must be completed by all applicants

Personal details

Name: Date of birth:

Address:

.....

Postcode:

Tel. number:

Declaration

I confirm that to the best of my belief, all the statements 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 free travel pass.

I understand that this information will be used only for the purposes of assessing my eligibility for a free travel pass 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 understand that I am responsible for providing sufficient information to process my application but I consent to a request being made to my GP if necessary.

Signed: Date:

For office use only

Date: Clinician:

RDL: MH GP RMN/CPN PSYC CC/SW MEDS

Expiry date:

Section B – must be only completed by Mental Health Care co-ordinator

This person is making an application because they would be refused a driving licence on the grounds that they have a severe and enduring mental illness. The following questions must be answered by the applicant's Mental Health Care Co-ordinator.

Does the applicant have a severe and enduring mental illness:

Yes

No

What aspects of the this client's diagnosis would cause them to be refused a driving licence?

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How long has the applicant had the current problems?

How do these problems affect the applicant on a daily basis?

.....
.....

Does the applicant receive Disability Benefits? (please state)

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.....

What Mental Health services are used regularly? (ie. Day Centres/Support Organisations)

.....
.....

Does your client have one or more of the following?

- (a) Uncomplicated anxiety or depression. Yes No
- (b) Anxiety or depression that is complicated by significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts. Yes No
- (c) Acute psychotic episodes of any type or cause. Yes No
- (d) Hypomania/mania. Yes No
- (e) Chronic schizophrenia and other chronic psychoses. Yes No
- (f) Dementia or any organic brain syndrome. Yes No
- (g) Severe developmental, behavioural or personality disorder that would make the applicant a source of danger to the public if they were to drive. Yes No

Please give details of current medication.
(All reference to medication must be supported by a current copy of the prescription.)

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It is irrelevant to this application that the applicant may never have had or made an application to hold a driving licence. Please describe how the applicant's driving ability would be affected.

- | | | |
|--|------------------------------|-----------------------------|
| Is the mental state so unstable as to make driving dangerous? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the applicant permanently lack judgement or concentration to a degree that will make driving dangerous? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the applicant regularly experience hallucinations or delusions likely to distract attention from driving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there significant cognitive impairment likely to cause disorientation or loss of judgement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Have you any other comments

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.....

(continued opposite)

Section B – continued

Declaration

I confirm that the information provided in respect of the applicant is correct and that the applicant is known to me and receiving support in respect of their mental health, as described in this document. The applicant’s condition should be reviewed in years.

Name:
Job title:
Location:
.....
Tel. number:
Signature:
Date:

Mental Health Services stamp



Please now return this form to:

Customer Services
Transport for Greater Manchester
PO Box 429
M60 1HX

Section C – must be only completed by GP/ Consultant Psychiatric/CPN/RMN

This declaration form can only be completed by one of these four professionals:

- **General Practitioner** (Your GP may charge for this and it is non-refundable)
- **Consultant Psychiatrist**
- **CPN (Community Psychiatric Nurse)**
- **RMN (Registered Mental Nurse)**

The applicant named above has applied to Transport for Greater Manchester for a travel concession on the grounds that he/she would be refused a driving licence as a result of a severe mental disorder.

Assessments for eligibility are made in line with the **DVLA (Driver & Vehicle Licensing Authority) Guidance for Medical Practitioners “At a glance guide to the current medical standards of fitness to drive”**.

Applicants who have drug or alcohol problems but who do not have a severe mental disorder (as defined in question 1 parts b – g) are **not** covered by the definition of ‘disabled person’ under the Act and are therefore not eligible for a travel concession.

It is not relevant that some applicants cannot or choose not to drive. The assessment will be made on whether they would be granted a driving licence if they chose to apply.

1. Does your client have one or more of the following?

- (a) Uncomplicated anxiety or depression. Yes No
- (b) Anxiety or depression that is complicated by significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts. Yes No
- (c) Acute psychotic episodes of any type or cause. Yes No
- (d) Hypomania/mania. Yes No
- (e) Chronic schizophrenia and other chronic psychoses. Yes No
- (f) Dementia or any organic brain syndrome. Yes No
- (g) Severe developmental, behavioural or personality disorder that would make the applicant a source of danger to the public if they were to drive. Yes No

2. Is your client well and stable? Yes No

3. For how long has your client been stable?months

4. Does your client suffer from any adverse effects of medication which would impair driving? Yes No

5. Is your client compliant with treatment? Yes No

6. If your clients condition is likely to improve to such a degree that holding a driving licence would be a possibility if he/she wished to do so in the future, can you identify what period of time this would be?

- Improvement likely within 1 year
- Improvement likely within 3 years
- Improvement likely within 5 years
- Client unlikely to ever hold a driving licence as a result of severe and enduring mental health problems

I am the applicant's

- General Practitioner**
(Transport for Greater Manchester are not responsible for any charges made for completion of this form.)
- Consultant Psychiatrist**
- CPN (Community Psychiatric Nurse)**
- RMN (Registered Mental Nurse)**

Surgery/Official Stamp

I confirm that the information provided is correct and that the applicant is known to me and receiving support in respect of their mental health.

Name:

Signature:

Location:

Tel Number:

Date:

Please now return this form to:

Customer Services
Transport for Greater Manchester
PO Box 429
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.