



Application for a National Concessionary Travel Pass for England

## **Refused a driving licence (epilepsy/mental health/giddiness/fainting/sight/other)**

Please fill out this form in **CAPITAL LETTERS**. Don't forget to attach a passport style photograph in the space provided (section C) and send proof you live in Greater Manchester (section E).

### **Section A – Your details**

First name

Middle  
initials

Last name

Date of birth

D D

M M

Y Y Y Y

Address

Postcode

Contact number

Email address

### **Section B – Declaration**

I confirm the above information is correct and acknowledge that Transport for Greater Manchester will use this information to check my eligibility and process my application for a travel pass. I understand that Transport for Greater Manchester has a duty to protect public funds so may use or share my information with other bodies responsible for auditing and administering public funds to detect and prevent fraud for the period during which I am entitled to hold a valid pass.

**B1** Signed

**B2** Date

D D

M M

Y Y Y Y

**B3** If signed on behalf of the applicant please provide your name and relationship to the applicant

**B4** We will keep you up to date with information about changes affecting the use of your smart card but please let us know if you would like additional updates by selecting from the options below. You can unsubscribe at any time.

I'd like to receive Bee Network newsletters about journey planning, transport services and travel advice.

I'd like to receive Bee Network updates on special offers and new products/services.

I'd like to be invited to take part in Bee Network customer feedback surveys.

### **Section C – Your photograph**

Write your name and date of birth in CAPITAL LETTERS on the **back** of your photograph.

Your photograph must be:

- recent, good quality and in colour
- passport size
- showing your full face without a hat

Please use the label to  
attach your photo

See left for details of how  
your photo must appear

**Important: All applicants must complete sections D, E and F**

### Section D – Driving licence status

Please tell us about your diagnosis and why you would be refused a driving licence.

Do you hold a current driving licence?	Yes.	No.
Have you ever held a driving licence?	Yes.	No.
Would you be refused if you applied for a driving licence on medical grounds?	Yes.	No.

### Section E – Who can apply (please tick only the relevant boxes)

You must permanently live in Greater Manchester.

If you applied for a driving licence under Part III of the Road Traffic Act 1988, your application would be refused based on section 92 of the Act (physical fitness) for reasons other than on the grounds of persistent misuse of drugs or alcohol.

Please tick the box that best explains the reason why you would be refused a driving licence. **Tick one box only.**

Severe and enduring mental health **(please complete section G1 and section H).**

Epilepsy **(please complete section G2).**

Attacks of giddiness and fainting **(please complete section G2).**

Sight problems **(please complete section G3 and section H).**

Other disabilities likely to result in refusal of a driving licence **(please complete section G4 and section H).**

### Section F – Proof you live in Greater Manchester

Proof of residence in Greater Manchester **(current copy dated in the last 12 months** of either utility bill, local council tax bill or Department of Work and Pensions letter). The address on this document must match the address on the front of this application form.

DWP letter.

Utility bill.

Local council tax bill.

Supporting evidence documents such as diagnosis letter, specialist treatment letter, prescription or letters of support from healthcare professionals can also be used for proof of address.

**Please tick the boxes to confirm these sections have been complete.**

Section D – Driving licence status.

Section E – The reason why you are applying.

Section F – Proof you live in Greater Manchester.

## Section G1 – Severe and enduring mental health

How long have you had the current severe mental health condition?

Do you use mental health services regularly? (ie. day centres/support organisations) Yes. No.

Please state which mental health services you are using

Are you well and stable with treatment or medication? Yes. No.

If answered yes to above how long have you been stable for?

Please give details of medication or treatment **(must be supported by a copy of your prescription).**

Do any of your medications affect your ability to drive safely? Yes. No.

Are you taking your medications exactly as your doctor prescribed? Yes. No.

**Important – Once all the above questions are completed please have Section H – Declaration completed by a medical professional.**

## Section G2 – Epilepsy or liability to sudden attacks of giddiness and fainting

The nature of my condition is (please tick).                      Uncontrolled epilepsy.                      Attacks of giddiness or fainting.

How many years have you been having attacks?

How frequently (approx) do you have an attack?

What was the date of your last seizure or attack:

Please give details of medication or treatment **(must be supported by a copy of your prescription).**

## Section G3 – Sight problems

Are you able to read a registration plate in good light at 20.5 metres (with lenses worn)? Yes. No.

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

Please provide as much information as you can to support your application and include a copy of your prescription/diagnosis from an Ophthalmologist or Optometrist.

**Important – Once all the above questions are completed please have section H – Declaration completed by a medical professional.**

## Section G4 – Other disabilities that would result in a driving licence being refused

Please describe the medical condition(s) which prevent you from holding a driving licence.

Is your disability (please tick)                      Permanent.                      Temporary.                      Intermittent.

Please give details of medication or treatment (**Must be supported by copy of prescription**).

**Important – Once all the above questions are completed please have Section H – Declaration completed by a medical professional.**

## Section H –Declaration

Please have the below declaration completed by a medical professional (this can be completed by a General Practitioner, Consultant Psychiatrist, Community Psychiatric Nurse, Registered Mental Health Nurse or a specialist professional).

**I declare that the information above is a true reflection of the named persons condition.**

Signed:

Date:

Name:

Organisation:

Contact number:

Health Care Registration Number:

Contact email:

Job title:

**All applicants must provide copies of the most up to date supporting evidence with the application such as diagnosis letters, specialist treatment, prescriptions, or letters of support from health care professionals.**

## What to do next

If you are having difficulty completing the application form or need any advice please contact us on **0161 244 1000** or email us at **[travel.pass@beenetwork.com](mailto:travel.pass@beenetwork.com)**

If you feel that you meet the eligibility but don't have the requested evidence, please contact us on the above and we may be able to offer support to complete the application from.

Once your application is submitted we expect to process the outcome and inform you within 6 weeks. If we need any further information we will contact you on the details you have provided within the above stated 6 week period.

Please send your completed application form AND SUPPORTING EVIDENCE to the below postal address:

**Travel Concessions, Customer Services, Transport for Greater Manchester, PO Box 429, Manchester M60 1HX**

Alternatively you can email your completed application form including photo and supporting evidence to the following email address: **[travel.pass@beenetwork.com](mailto:travel.pass@beenetwork.com)**

### Data Protection

Transport for Greater Manchester is the data controller for the personal information you provide in this form. TfGM's Data Protection Officer can be contacted at **[data.protection@tfgm.com](mailto:data.protection@tfgm.com)**

The information on this form will be used by Transport for Greater Manchester for the purpose of assessing your eligibility for travel concession. If your application is not successful, we will destroy the form after 12 months, in case a decision needs to be reviewed. If your application is successful we will use the information on this form to administer your travel pass. Your data will be destroyed 12 months after the card is expired or suspended for any reason. We will only share your data with third parties where we are required or permitted to by law, and in any other cases we will ask your permission first. For further information about how TfGM uses your personal data, including your rights as a data subject, please see our Privacy Policy on the website at **[tfgm.com/privacy-policy](https://www.tfgm.com/privacy-policy)** or contact the Data Protection Officer.