



Application for a National Concessionary Travel Pass for England

## Learning disabilities and neurological developmental conditions

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

**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 and E

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

You must permanently live in Greater Manchester.

Please tick the box that best explains the reason why you are applying. **Tick one box only.**

#### Adult – Learning disabilities (Please complete section F).

The applicant has a learning disability that is “a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning”, and must be known to their local authority.

#### Child – Learning disabilities (Please complete section E and G).

The applicant has a learning disability that is “a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning”, and **in education**.

#### Neurological developmental condition (Please complete section E and H).

The applicant has a neurological developmental condition including ADHD, autism spectrum disorder or other related conditions that would result in the refusal of a driving licence, and **is not in full time education**.

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

Proof of residence in Greater Manchester (**current copy** 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.

Disability evidence document from Section D (this can be the address on a child’s EHCP or CAMHS letter).

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

Section D – The reason why you are applying.

Section E – Proof you live in Greater Manchester.

### Section F – Adult Learning Disabilities

Your application must be authorised by a local authority social services learning disabilities officer. If you are not known to your Local Authority, please provide any of the following evidence direct to TfGM with your completed application: Evidence of previous contact with specialist services such as independent letters from medical professionals such as a psychiatrist.

#### Declaration

I am an authorised signatory and declare that by virtue of the local authority stamp on this form the applicant whose details are shown overleaf is known to this authority and meets one of the above criteria as shown.

Signed

Date

Name

Phone

Organisation

Official local authority/local education authority stamp

Address

Postcode

## Section G – Child Learning Disabilities

**The Education, Health and Care Plan [EHCP] must be an approved version**

In receipt of an Education, Health and Care Plan. Please provide the following information:

### Local Authority

I enclose an approved copy of my/child's Education, Health and Care Plan. If you are aged between 16 and 25 you will need to give us the annual review acknowledgement of your active Education, Health and Care Plan. This can be in the form of a letter or email from your local authority, school or college.

### I am currently not in receipt of an approved Education, Health and Care Plan

I give permission to TfGM to make enquiries using the information I have provided with my local authority to confirm my eligibility. This option is only to be used for applicants who are in the process of obtaining an EHCP.

I have a confirmed diagnosis of Autistic Spectrum Disorder (ASD) from the Child and Adolescent Mental Health Services (CAMHS) and I am ALSO registered as requiring Special Education Needs (SEN) support at my place of education. Please enclose a copy of your diagnosis from CAMHS and proof that you receive SEN support that is dated in the last 12 months.

Signed

Printed name

## Section H – Neurological developmental condition

Please complete all questions within the Section H of the application form. When this is completed and returned, it will be assessed by our independent medical advisor. You may be asked to attend a brief assessment.

Are you old enough to hold a full or provisional driving licence?

**(If no, apply under section G – Child Learning Disabilities)**

Yes. No.

Do you currently hold a full driving licence?

Yes. No.

Do you have a diagnosis of a neurological development condition?

Yes. No.

**Please tell us about the neurological development condition that may impact your driving ability if you were to drive.**

**Please provide any of the following documents dated within the last 12 months.**

Disability Living Allowance – higher-rate care component.

Personal Independence Payment – enhanced-rate daily living component.  
**(Provide a copy of points breakdown document).**

Condition diagnosis letter.

Evidence of previous contact with specialist services such as independent letters from an educational psychologist, special education needs co-ordinator, medical professional, psychiatrist, or general practitioner.

**Please answer the following questions and provide any evidence from the previous page for us to make an independent medical assessment. The following questions are to understand how your condition may impact your ability to drive.**

Are you able to consistently follow a familiar journey when travelling?	Yes.	No.
If you were to drive, could you be distracted easily, taking your focus away from driving a vehicle safely, putting yourself and others in danger?	Yes.	No.
If you were to drive, would you understand and respond to verbal and non-verbal cues, signs or signals from other drivers or pedestrians?	Yes.	No.
Do you face difficulties in planning, organising, and making decisions whilst driving or if you were to drive?	Yes.	No.
Do you struggle with understanding driver behaviours which may impact your ability to make an informed decision?	Yes.	No.
If you were to drive, would you be able to follow a SAT NAV to reach a destination point?	Yes.	No.
Do you have any moving difficulties that could affect tasks such as steering, braking, accelerating, or maintaining control of the vehicle? (if you were to drive).	Yes.	No.

If you are applying under a neurological development condition you must provide a signature from one of the below. The signatory must be someone who you are in regular contact with that will counter sign the information is a true reflection of your condition.

- **Learning support services** (local authority learning disability teams).
- **Social care services** (local authority social services department).
- **Social support services** (local support or community organisations).

## Declaration

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

Signed:

Date:

Name:

Organisation:

Contact Email:

Contact Number:

## 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**

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**

### 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**

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** or contact the Data Protection Officer.