

Application for a National Concessionary Travel Pass for England
Learning disabilities – Children and Young People

Please complete your details in CAPITAL LETTERS and attach your photograph in the space provided.

Section A – Your details

Title	(Place a cross in the box)	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
First name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Middle Initials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Surname	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Date of birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Place a cross in the box)	Male	Female	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>											
Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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Contact number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Email address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section B – Declaration

I confirm that the above information is correct and that I accept the Data Protection statement overleaf and the terms and conditions relating to:

- the use of my pass generally (available at tfgm.com)
- the use of my pass as part of the **get me there** scheme (available at getmethere.com).

If you require assistance with this phone **0161 244 1000**.

B1 Signed **B2 Date**

B3 We will keep you up to date with information about changes affecting 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 TfGM newsletters about journey planning, transport services and travel advice in Greater Manchester.
- I'd like to receive TfGM updates on special offers and new products/services.
- I'd like to be invited to take part in TfGM 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

Section D – Eligibility criteria (please tick relevant boxes and add details as indicated)

Child – Learning disabilities

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”. The applicant is permanently resident in Greater Manchester and must provide from one of the options shown below.

The Educational Health 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 we will require you to provide 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 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 (CAHMS) 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 CAHMS and proof that you receive SEN support that is dated in the last 12 months.

Signed

Printed name

What to do next:

Please now return this form with all evidence required to one of these options:

1. Email to: **concessionary.travel@tfgm.com**
2. Post: TfGM, Travel Concessions, 2 Piccadilly Place, Manchester M1 3BG
3. Travelshops – situated in main bus stations, please visit **tfgm.com** for opening times and directions

For any further information, please contact the customer contact centre **0161 244 1000** or visit **tfgm.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.