

Application for a National Concessionary Travel Pass for England  
**Sensory impairment**

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"/>	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"/>
Date of birth	<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	<input type="checkbox"/>	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"/>	<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"/>	Postcode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>

**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 only the relevant box)

### Visually Impaired

The applicant is **Registered Blind**.

The applicant is **Partially Sighted**.

The applicant is permanently resident in Greater Manchester and can **EITHER** include a photocopy of a CVI (Certificate of Visual Impairment) when submitting this application form **OR** have Section E completed below.

### Hearing Impaired

For information: Hearing loss is measured in decibels, as dBHL (decibel hearing level). People are generally regarded as having a severe loss if it reaches 70-95 dBHL and a profound loss if it reaches 95+ dBHL.

The applicant is **profoundly or severely deaf**.

The applicant is permanently resident in Greater Manchester and can **EITHER** include a photocopy of an Audiology Report when submitting this application form **OR** have Section E completed below.

The applicant is **profoundly deaf and without speech or profoundly deaf with speech that cannot be understood by a person who hears normally**.

The applicant is permanently resident in Greater Manchester and must have Section E completed below.

### Concessionary travel for service personnel and veterans

Proof of your disability can be provided by the Local Authority (see below) or you may be automatically eligible if you have been awarded a lump sum payment under tariff levels 1-8 of the Armed Forces Compensation Scheme (AFCS) and have a letter from the Service Personnel & Veterans Agency (SPVA) proving receipt of one of the above.

## Section E – Authorisation by a local authority social services sensory officer.

Please complete in CAPITAL LETTERS.

### 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 \_\_\_\_\_

### 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.