

Application form (Somerset Residents Only) for an English National Concessionary Travel Scheme Pass



Please complete this form in **BLOCK CAPITALS**, using **Black Ink**. Mark check boxes with a

Your District/Borough

All applicants must be resident (sole or principal residence) in one of the following:
(Please select your District/Borough) - to whom you pay your Council Tax.

- Mendip
 Sedgemoor
 South Somerset
 Taunton Deane
 West Somerset

Your Details

Please complete in block capitals

Title: Last Name: Gender: Female Male

First Name: Middle Name(s): Date of birth:

Address:

..... Postcode:

National Insurance Number: e-mail Address:

Daytime telephone number: Mobile Telephone Number:

Eligibility

I confirm that I am applying under the following category: (please tick one box)

- Pensionable Age: (Please check that you are eligible at www.gov.uk/state-pension-age or www.somerset.gov.uk/concessionary and use the age entitlement ready reckoner).
 Or
 Disabled person: (Please read the associated guidance notes before completing this form and then specify the category that **most** appropriately describes your disability) (tick one box only).
- | | |
|--|---|
| <input type="checkbox"/> A. Blind or partially sighted | <input type="checkbox"/> E. Without arms or long term loss of use of both arms |
| <input type="checkbox"/> B. Profoundly or severely deaf | <input type="checkbox"/> F. Learning disability which must have started before adulthood |
| <input type="checkbox"/> C. Without speech | <input type="checkbox"/> G. Person not permitted to drive on medical grounds |
| <input type="checkbox"/> D. Severe difficulty in walking | please tick one of the boxes below, indicating reason
<input type="checkbox"/> Epilepsy <input type="checkbox"/> Severe Mental Disorder
<input type="checkbox"/> Sudden Attacks of Giddiness or Fainting
<input type="checkbox"/> Unable to read a Registration Plate
<input type="checkbox"/> Other <input type="text"/> |

Data Sharing Consent

Somerset County Council has collected the above personal data for the purpose of providing you with an English National Concessionary Travel Pass. Once the application has been approved this information will be stored electronically and all paper evidence once no longer required, will be securely destroyed. If you are applying on grounds of disability and Somerset County Council's representative(s) finds the supporting evidence you have provided is not e.g. adequate, robust, full, or clear enough to issue you with a travel pass, Somerset County Council could contact the evidence provider direct and share information/evidence you have provided to request clarification or further information regarding your disability (only) to help process your application.

If you are willing to give your consent to this data being shared please sign below.

Signature: Date:



Please turnover to find out what to do next. ➡

Returning your Application Form

Please return the completed application form to the following address:

Somerset County Council, PPC302, Transporting Somerset, County Hall, Taunton, Somerset, TA1 4DY.

Please ensure you read the guidance notes for this application, available at www.somerset.gov.uk/concessionary and provide appropriate evidence for age, residency and disability categories where appropriate; then tick to confirm you have enclosed it.

- One recent low gloss colour passport style photograph (name & postcode written on the reverse in block capitals).
- Photocopy of proof of age e.g. a copy of Medical Card, Driving Licence, Passport.
- Photocopy of proof of residence e.g. copy of Council Tax Bill or Utility Bill.
- Photocopy of proof of disability (if you are applying as a disabled applicant) See guidance notes.

Please Note: Applications will be rejected if any required evidence is missing.

Data Protection Information

Data Controller - Somerset County Council

Purpose for processing - Provision of Concessionary bus travel pass and its usage to monitor and prevent misuse.

Legal basis for processing - By law, under The Concessionary Bus Travel Act 2007 Fraud Act 2006

Data Sharing - The personal data provided will be shared with the customer records management provider

Transfers abroad - this data will not be transferred abroad

Data Retention - this data will be retained for a period of 7 years after the record has been deactivated to meet the Department for Transport's requirements

Your Rights - You have the right to ask Somerset County Council to a copy of your data, the right to rectify or erase your personal data, and the right to object to processing. However these rights are only applicable if the Council has other legal obligation concerning that data.

You also have the right to complain to the regulator, <https://ico.org.uk/>

Consequences: If you do not supply this information to us, we will not be able to provide you with a concessionary bus travel pass.

For more information see www.somerset.gov.uk/privacy

Declaration

I certify that the information given on this form is correct and I am a permanent resident in Somerset. I meet the qualifying age criteria or confirm my disability proof is accurate and current. I understand that the authority is required by law to protect the public funds it administers. It may also share information provided to it with other bodies responsible for auditing or administering public funds, in order to prevent and detect fraud.

Signature:

Date:

If you are unable to fill out the form yourself, someone else can do it for you, provided they state in what capacity they are doing so.