

Application form (Somerset Residents Only)

for an English National Concessionary Travel Scheme Pass

WWW.SOMERSET.GOV.UK



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:

Daytime telephone number: Mobile Telephone Number:

Eligibility

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

- Pensionable Age
- Disabled person: *(Please read the associated guidance notes before completing this form and then specify the category that most appropriately describes your disability)*
- | | |
|--|---|
| <input type="checkbox"/> Blind or partially sighted | <input type="checkbox"/> Without arms or long term loss of use of both arms |
| <input type="checkbox"/> Profoundly or severely deaf | <input type="checkbox"/> Learning disability which must have started before adulthood |
| <input type="checkbox"/> Without speech | <input type="checkbox"/> Long term disability or injury affecting ability to walk |
| <input type="checkbox"/> Person not permitted to drive on medical grounds <i>(please tick)</i> | |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Severe Mental Disorder |
| <input type="checkbox"/> Sudden Attacks of Giddiness or Fainting | <input type="checkbox"/> Other |
| <input type="checkbox"/> Unable to read a Registration Plate | |

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 tick to confirm you have enclosed

- 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 returned if any required evidence is missing.

Data Protection

Your personal data will be held and used by Somerset County Council (SCC), in accordance with the Data Protection Act 1998.

SCC will not disclose this information to any unauthorised person or body.

However, this information may be used by SCC to:

- help improve services
- deal with complaints and comments
- prevent and detect fraud or crime

Members of the public have a legal right to request to see personal data held by SCC. A request for this is called a Data Subject Access Request; ring Somerset Direct on 0300 123 2224 for more details.

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.

Voluntary Questions

About You - The following questions are asked as part of our commitment to equalities monitoring and will help us to ensure that we are reaching a wide range of people with different backgrounds and experiences. They are not used to identify individuals but may be used within the County Council for statistical, monitoring and service improvement purposes. Please answer as many questions as you feel comfortable with.

Equality Monitoring

Do you consider yourself to be from a Minority Ethnic Background? Yes No Prefer not to say

Do you consider yourself to have a disability? Yes No Prefer not to say

What is your age? 0 - 17 18-34 35-64 65+ Prefer not to say

What is your gender? Female Male Transgender Prefer not to say

To request this document in an alternative format, please call 0300 123 2224