



APPLICATION TO BE REGISTERED AS A DISABLED PERSON

If you are registered as a disabled person, this may also qualify you for concessionary travel. If you are applying for concessionary travel, please indicate the type of pass you are applying for

Bus Pass

Bus Pass with Carer Please note this bus pass should normally be used with a carer, but it can be used to travel alone on familiar routes.

SECTION A – PERSONAL DETAILS

Please complete this form in black ink

<p>GUIDANCE NOTES FOR COMPLETION</p> <p>If your disability is due to deafness or if you are severely sight impaired/ sight impaired, an alternative method of assessment is required. Please contact Social Care Direct for advice on 03000 267979</p>	<p>Title: Mr/Mrs/Miss/Ms (please circle one)</p> <p>Surname: _____</p> <p>First Names: _____</p> <p>Date of Birth _____</p> <p>Address _____</p> <p>_____</p> <p>Post Code: _____ Tel Number _____</p> <p>National Insurance Number: _____</p>																																																						
<p>We are required by Government and the Council's Equality and Diversity policies to collect this Information.</p> <p>Any use of this information will be treated confidentially. It will make no difference to the way in which your application will be dealt with.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Code</th> <th style="width: 60%;">Ethnicity – Please tick one</th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>White British</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">42</td> <td>Pakistani</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">2</td> <td>White Irish</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">43</td> <td>Bangladeshi</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">3</td> <td>White/Other Background</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">61</td> <td>Black/Caribbean</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">21</td> <td>Mixed Race Caribbean</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">62</td> <td>Black African</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">22</td> <td>Mixed Race African</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">63</td> <td>Black/Other Background</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">23</td> <td>Mixed Race Asian</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">81</td> <td>Chinese</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">41</td> <td>Indian</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">82</td> <td>Any other Ethnic Group</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="6">Religion _____</td> </tr> </tbody> </table>	Code	Ethnicity – Please tick one					1	White British	<input type="checkbox"/>	42	Pakistani	<input type="checkbox"/>	2	White Irish	<input type="checkbox"/>	43	Bangladeshi	<input type="checkbox"/>	3	White/Other Background	<input type="checkbox"/>	61	Black/Caribbean	<input type="checkbox"/>	21	Mixed Race Caribbean	<input type="checkbox"/>	62	Black African	<input type="checkbox"/>	22	Mixed Race African	<input type="checkbox"/>	63	Black/Other Background	<input type="checkbox"/>	23	Mixed Race Asian	<input type="checkbox"/>	81	Chinese	<input type="checkbox"/>	41	Indian	<input type="checkbox"/>	82	Any other Ethnic Group	<input type="checkbox"/>	Religion _____					
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Nature of Disability (Please provide a brief description):

If one of the following applies you are not required to register as disabled in order to obtain a Concessionary Travel Pass. Please provide evidence of the award when making a Concessionary Travel Pass Application.

- Holder of a Blue Badge
- In receipt of Higher Rate Mobility Component of the Disability Allowance
- Awarded 8 points or more on the moving around descriptor of the Personal Independence Payment.

SECTION B - Previous Assessments

Do you have a Blue Badge? YES/NO

Do you currently have a Social Worker with Durham County Council YES/NO

If you are in receipt of any of the following please tick as appropriate and give start date

Employment Support Allowance (Support Group) _____

Attendance Allowance _____

Higher Rate Component of Disability Living Allowance _____

Middle/Lower Rate Component of Disability Living allowance _____

8 points or more on the moving around descriptor of the Mobility Component of PIP _____

Severe Disabled Allowance _____

War Pensions Mobility Component _____

If you receive any of the benefits above, please provide evidence to support your application (eg a copy of an official letter confirming the allowance).

This will enable a quick assessment of your application.

PLEASE NOTE: If you do not provide the evidence, we will need to write to your GP for further information.

SECTION C – ASSESSMENT FOR MOBILITY AND PERSONAL CARE

Do you require help with the following tasks?

Please tick the box in each of the following sections that applies most to you.

	Always	Frequently	Occasionally	Never
Getting up and down and going to bed				
Sitting down and getting out of chairs				
Moving around the house				
Going out and about				
Using Transport				
Washing				
Bathing / showering				
Dressing				
Eating				
Toileting				
Do you suffer from falls?				
Do you need someone with you when travelling?				
Do you use a wheelchair outside of your home?				

Any other relevant information to support your application

SECTION D - DETAILS OF YOUR MEDICAL PRACTITIONER

We will contact your medical practitioner for their opinion on the extent of your disability. Following this, you will be informed in writing of the decision. **Please note Adult & Health Services are unable to disclose information regarding the Medical Practitioner’s opinion.**

<p>Please provide details of the medical professional with the most recent information regarding your disability.</p> <p>If you give your Medical Practitioners name and you have not seen him/her for some time, it may be advisable to visit them to make them aware of the nature of your disability so that, when requested, they will be able to provide us with the information that is required in order to assess your eligibility.</p> <p>We may be unable to process your application if you do not give consent to contact your medical practitioner</p>	<p>1. What is the Name and Address of the Medical Practitioner, Hospital Doctor or Consultant or who is treating you for your disability?</p>		
	<p>Medical Practitioner/Consultant Name</p>		
	<p>Medical Practitioner/Consultant Address</p>		
	<p>Post Code:</p>		
	<p>2.How often do you see the above regarding your illness/disability</p>		
<p>3.When did you last see the above regarding your illness/disability</p>			
<p>2. Are you willing to give consent for us to contact your Medical Practitioner if we require, to determine the extent of your disability for the purpose of obtaining information to support your application?</p>		<p>Yes</p>	<p>No</p>

SECTION E – DECLARATION

This Section must be completed by all applicants.

By applying to be registered as a disabled person I understand that my name will be added to the disabled persons register with Durham County Council and information may be shared with the Concessionary Travel Team for the purpose of obtaining a Concessionary Travel Pass.

Information held by Durham County Council regarding disabled registration may be used for cross system and cross authority comparison purposes for the prevention and detection of fraud.

I declare that, to the best of my belief, all the statements I have made on this form are true and I agree to the local authority contacting my named Medical Practitioner if necessary, for the purpose of obtaining information to support my application.

****NB If you are signing this form on behalf of the applicant, please declare your relationship. Please note: the signatory must be over 16 years old****

Applicants Signature / Signed on Behalf of:
Name:
Date:

Information provided will be held by Durham County Council within Adult & Health Services, and is subject to the Data Protection Act 1998.

Return Address:

**Durham County Council
Adult & Health Services
PO Box 115
Green Lane
Spennymoor
Co Durham
DL16 6BX
Tel: 03000 269425**

SECTION F: WELFARE RIGHTS ADVICE

Durham County Council have a dedicated Welfare Rights Service which is able to assist with the application of benefits and the appeals process.

If you need advice on applying for benefits or wish to appeal against a decision, please contact the Welfare Rights advice line on:

- 03000 268968 (open 9am – 12 noon)
- E-mail them at welfare.rights@durham.gov.uk