Merseytravel

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Attach photograph

Application Form for Disabled Persons Concessionary Travel Pass (Severe Mental Disorder)

(Form to be completed in black ink)

This form is for people who live in Merseyside and, who under section 92 of the Road Traffic Act 1988, are physically unfit to have a driving licence because of a severe mental disorder.

Applicants would not be eligible for a travel pass if “they applied for the grant of a licence to drive a motor vehicle under part III of the Road Traffic Act 1988, have had their application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the grounds of persistent misuse of drugs or alcohol”.

You are not eligible for a pass if;

- **You are not old enough to apply for a driving licence; or**
- **Your disability is due to persistent misuse of drugs or alcohol**

Please note that in certain circumstances we may need to complete additional checks about the information you have provided on this form. (Age threshold is 16 and above to apply under this category).

Part A. About You

Title: Mr/Mrs/Miss/Ms/Other
First Name:
Surname:
Address:
Date of Birth:
Telephone Number:
Email Address:

Applicant's Signature:	**Date:**

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In order to apply for your pass you will need to send us a copy of:

1 x Proof of Age/Identity ☐
(Birth Certificate, Passport, Driving Licence or Medical Card)
Proof of change of name if different from shown on award letter.

PLUS
1 x Proof of Residency ☐
(Utility Bill or Bank Statement dated within the last 3 months or current year Council Tax Bill)

PLUS
1 x Recent Colour Passport Sized Photograph ☐
(With your name clearly written on the reverse)

Please post your completed application form to the address on the back page.

Do you currently have a driving licence?	Yes ☐	No ☐
Have you ever been refused a driving licence for reasons other than persistent misuse of drugs or alcohol?	Yes ☐	No ☐

If **YES** to either, you must provide current evidence from the DVLA, such as letter refusing you a driving licence or a letter confirming your licence has been withdrawn. If the DVLA letter does not state the medical reason why you were refused a driving licence or why your licence was withdrawn, you will need to provide separate written evidence of the reason from a GP or Consultant.

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Important

We will keep all of the information provided on this form confidential. We will not share the information with other people. (Although by law, we must share your information with other Government agencies). For full details of the General Data Protection Regulations and terms and conditions of the concessionary travel scheme, please visit **www.merseytravel.gov.uk**

This form is only for people who would be refused a driving licence because they have a severe mental disorder.

We cannot refund any charges you may have to pay your Consultant Psychiatrist or GP for filling in this form or for providing any further information to support your application.

Your Consultant Psychiatrist or GP **must return the form to us**. Please ensure that you include a stamped addressed envelope with the address below to enable the GP to return this form directly to Merseytravel. Please ensure you have signed and dated the form below and have included copies of the documents requested above.
PLEASE DO NOT SEND ORIGINAL DOCUMENTS.

Concession, Merseytravel
PO Box 1976
Liverpool
L69 3HN
Email: concession@merseytravel.gov.uk
Telephone: 0151 330 1000

Please allow four weeks for processing of this application

Part B: This Section to be completed by GP or Consultant

Your patient has applied for a Disabled Person's Travel Pass under the Transport Act 2000. The application is made in the category 'would be refused a licence to drive a motor vehicle under Section 92 of the Road Traffic Act 1988 (physical fitness).

If your patient's condition is caused by them persistently misusing drugs or alcohol they are not covered by the terms of the Transport Act and would not be entitled to a travel pass.

Your patient has given their permission for you to provide the information we ask for below.

Please fill in this section to give us details of your patient's condition. If the diagnosis is not schizophrenia or bipolar affective disorder, please give extra information in question 9 to explain how severe the condition is.

Please do not detach any part of this form.

Please do not return this form to your patient. Send it directly to us, in the envelope provided by your patient.

Our address is

Concession, Merseytravel
Merseytravel
PO Box 1976
Liverpool
L69 3HN.

I confirm (patient's name) _____ is my patient.

1. Please indicate your patient's diagnosis by ticking the appropriate box.
   - (a) Schizophrenia or schizoaffective disorder ☐
   - (b) Bipolar affective disorder or manic-depressive disorder ☐
   - (c) Depression with significant psychotic symptoms ☐
   - (d) Dementia of any type ☐
   - (e) Simple depressive illness with or without anxiety ☐
   - (f) Other (please give the diagnosis below) ☐

_____

_____

_____

2. Is the patient's condition caused by persistent misuse of drugs or alcohol?
   Yes ☐ No ☐

3. Please give details of your patient's current treatment and any side effects which your patient experiences.

4. Is your patient's mental state severely unstable?
   Yes ☐ No ☐

5. Does your patient lack judgement or concentration to a significant degree?
   Yes ☐ No ☐

6. Does your patient regularly experience hallucinations or delusions that are likely to significantly distract their attention?
   Yes ☐ No ☐

7. Is there significant cognitive impairment likely to cause disorientation?
   Yes ☐ No ☐

8. How long is the psychiatric illness likely to continue?

9. Do you have any further comments?

GP/Consultant Details

Full Name (please print)

Patient's name

Signature

Date

Practice stamp

For Office Use Only:

Full Name (please print)

Location (which Travel Centre/Mann Island)

Date Pass Issued