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

(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)

A. About You

Write your responses in the spaces below

First Name:	
Last Name:	
Address:	
Postcode:	
Date of Birth:	
Telephone Number:	
Email Address:	

To apply for your pass, you will need to send us a copy of:

Proof of Age/Identity

Please provide one of the following (If your name is different from what's on your award letter, we'll need proof of your name change):

- Birth Certificate
- Passport
- Driving Licence
- Medical Card

Proof of Residency

Please include one of these documents, dated within the last three months or from the current year:

- Utility Bill (gas, electricity, water)
- Bank or Building Society Statement
- Council Tax Bill

Recent Passport-sized Photo

Please include one recent colour photo with your name and date of birth clearly written on the back.

PLEASE DO NOT SEND ORIGINAL DOCUMENTS

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 you answered **YES** to either question, please provide current evidence from the DVLA. This could be a letter explaining that your driving license has been refused or withdrawn.

If the DVLA letter does not include the medical reason for the refusal or withdrawal, you will also need to provide a separate written statement from your GP or Consultant explaining the reason.

Important

We will keep all 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 health condition.

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 and have included copies of the documents requested above.

PLEASE DO NOT SEND ORIGINAL DOCUMENTS



Merseytravel Concessions, PO Box 1976, Liverpool, L69 3HN



concession@liverpoolcityregion-ca.gov.uk



0300 131 2881

Please allow up to six weeks for processing of this application!

B. 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 to the following address:



Merseytravel Concessions, PO Box 1976, Liverpool, L69 3HN

I confirm (patients name) _____ is my patient.

1. Please indicate your patient's diagnosis by ticking the appropriate box.

- | | |
|---|--------------------------|
| (a) Schizophrenia or schizoaffective disorder | <input type="checkbox"/> |
| (b) Bipolar affective disorder or manic-depressive disorder | <input type="checkbox"/> |
| (c) Depression with significant psychotic symptoms | <input type="checkbox"/> |
| (d) Dementia of any type | <input type="checkbox"/> |
| (e) Simple depressive illness with or without anxiety | <input type="checkbox"/> |
| (f) Other (please give the diagnosis below) | <input type="checkbox"/> |
-
-
-

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 they experience:

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		Practice Stamp
Full Name:		
Patients Name:		
Signature:		
Date:		

Merseytravel Office Use Only:	
Full Name:	
Location (which TC or MI):	
Date Pass Issued:	