

# Disabled Person's and Blind Person's Travel Pass

## Large format application form



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For timetables in large print, Braille, audio CD or tape, please contact us on 0113 245 7676.

Textphone / Minicom users can use the text relay service by dialling 18001 0113 245 7676.

\* One standard outbound message rate and no more than 12p for our reply.

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# Disabled Person's and Blind Person's Travel Pass Application Form

Please complete ALL sections in block CAPITALS

## Section 1

## Your details

**First name**

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**Last name**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Address**


**Post Code**

--	--	--	--	--	--	--

**Phone number**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Email address**


**Date of birth**

D	D	M	M	Y	Y
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## Section 2

## Eligibility

You may qualify for a Blind or Disabled Person's Travel Pass if you receive any of the following benefits:

**Please tick if you have a Blue Badge or receive any of the following benefits:**

	Yes	No
Blue Badge Parking Permit. Your Blue Badge must be valid for at least the next 6 months. Please provide a photo of both sides of your Blue Badge.	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
War Pensioner's Mobility Supplement (WPMS) Please provide a copy of your award letter.	<input type="checkbox"/>	<input type="checkbox"/>
Armed Forces Compensation Scheme (AFCS) award Tariff Level 1-8 Please provide a copy of your award letter	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked **yes** to any of the boxes in Section 2 and can provide proof of your benefits, please complete Sections 4, 5 and 6.

If you have ticked **no** to all of the boxes in Section 2, please complete Sections 3, 4, 5 and 6.

## Section 3

## Your disability

Please tick which of the following applies to you and provide the relevant supporting evidence.

**Eligibility criteria and supporting evidence** Yes

**1. I am blind or partially sighted.** Please tick.

If you are severely sight impaired (blind) or sight impaired (partially sighted) please provide **one** of the following:

- A Certificate of Vision impairment (CVI)
- A BD8 form signed by a Consultant Ophthalmologist
- An evidence form completed by a medical professional\*

**2. I am profoundly or severely deaf.** Please tick.

If you are profoundly or severely deaf please provide **one** of the following:

- A letter or audiological report from an aural specialist indicating that your hearing loss is more than 70dBHL in both ears
- An evidence form completed by a medical professional\*

**3. I am without speech. Please tick.**

Please note that this does not include people who have slow speech or a severe stammer.

Please provide **one** of the following:

- 
- A letter from a medical professional\* confirming that you are unable to communicate orally in any language
- 
- An evidence form completed by a medical professional\*
- 
- Personal Independence Payment (PIP) award letter showing that you have a current award of 8 points or more for the communicating verbally activity. Please provide a copy of all pages of your PIP award letter.

**4. I do not have arms or have long-term loss of use of both arms. Please tick.**

Please provide **one** of the following:

- 
- A letter from a medical professional\* confirming that you are unable to use your arms to carry out day-to-day tasks such as paying coins to a bus driver
- 
- An evidence form completed by a medical professional\*

**5. I have a learning disability.** Please tick. 

A learning disability that is a state of arrested or incomplete development of mind, which includes **both** a significant impairment of intelligence **and** social functioning. This disability must have started before adulthood and have a lasting effect on development. Please provide **one** of the following:

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- A letter from your Social Services key worker or a medical or social care professional\* confirming that you have a learning disability as defined above.

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- Evidence of a statement of educational needs confirming that you have a learning disability as defined above.

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- Council Tax bill in your name with Class U exemption (severely mentally impaired).

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- An evidence form completed by a medical or social care professional\*

**6. I have a disability or have suffered an injury which has a substantial and long term adverse effect on my ability to walk. Please tick.**

To qualify under this category, a person would have to have a long term and substantial disability that means they cannot walk or which makes walking very difficult.

Please provide **one** of the following:

- 
- Personal Independence Payment (PIP) award letter showing that you have a current award of 8 points or more for the moving around activity. Please provide a copy of all pages of your PIP award letter.
- 
- Disability Living Allowance (DLA) letter showing that you have a current award of the Higher Rate Mobility Component.
- 
- An evidence form completed by a medical professional\*

**7. You have been or would be refused a driving licence on certain medical grounds. Please tick.**

This includes conditions such as dementia, sudden attacks of dizziness or fainting, epilepsy (unless it is of a type which does not pose a danger if you drive) and any other disability which would cause you to be a danger to yourself or others when driving. You will not qualify if your condition is related to the persistent misuse of drugs or alcohol.

Please provide **one** of the following:

- 
- A letter from the DVLA indicating refusal or withdrawal of your licence for a minimum of 12 months.
- 
- A completed evidence form or letter from a medical professional\* confirming that you are unfit to drive and the reason and length of time for which you will be unfit to drive (this letter must be dated within the last 12 months).
- 
- Personal Independence Payment (PIP) award letter showing that you have a current award of 10 points for the activity '**Cannot undertake any journey because it would cause overwhelming psychological distress**'. Please provide a copy of all pages of your PIP award letter.

**\*Medical Professionals** who can provide supporting evidence include hospital consultants, occupational therapists, physiotherapists, general practitioners and nurses.

Visit [wymetro.com/tickets-and-passes/blind-disabled](http://wymetro.com/tickets-and-passes/blind-disabled) or contact the Inclusive Travel Team to ask for a form (contact details are at the end of this form).

Some medical professionals might charge a fee to provide you with a letter or to complete the evidence form. We cannot help with any of those costs.

## Section 4

## Companion pass

If you qualify for a Blind or Disabled Person's pass **and** you are unable to travel alone, you may be entitled to a companion pass.

Yes

**I would like to apply for a companion pass.**

**Please tick if you receive any of the following benefits:**

- Higher rate of the Care Component of Disability Living Allowance
- Enhanced rate of the Daily Living Component of Personal Independence Payment
- Personal Independence Payment – at least 10 points on the 'planning and following a journey' activity
- Higher rate Attendance Allowance

If you receive any of the benefits listed above, please provide a copy of all pages of your benefits award letter, including the page that shows your name and address, details of your award including the rates received and for how long. For PIP award letters, include all pages showing what points you have been awarded.

If you are not in receipt of these benefits, you must provide a completed evidence form or a letter from a medical professional\* (see section 3) giving the reasons why you need to be accompanied when travelling.

## Section 5

## Photograph

Please attach a passport style photograph to your application.

An unsuitable photograph may result in a delay to your application.

The photograph must:

- ✓ Be passport sized  
(approx 45mm high by 35mm wide)
- ✓ Have been taken within the last 12 months
- ✓ Be in colour, against a plain background if possible
- ✓ Show a close-up of your full head and shoulders
- ✓ Be only of you with no other objects or people
- ✗ You should not be wearing a hat or sunglasses

**Attach  
photograph**  
(Do not  
staple)

**Please write your name and date of birth on the back of the photograph.**

## Section 6

## Declaration

I declare that the information given on this form is correct and I will abide by the conditions of use.

**Signature**

**Date**

D	D	M	M	Y	Y
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**Use the checklist below to make sure you have completed the application correctly.**

- ✓ Enclosed evidence of your disability
- ✓ Enclosed one photograph with your name and date of birth written clearly on the back. This photo needs to have been taken within the past 12 months
- ✓ Signed and dated Section 6 - Declaration

**Please do not send original copies of your documents, as any information sent by post will not be returned.**

**Please return your form**

By email to:

**[inclusivetravel@westyorks-ca.gov.uk](mailto:inclusivetravel@westyorks-ca.gov.uk) or**

By post to:

**Inclusive Travel Team,  
PO Box 917, Leeds. LS1 9WS**

## **Staying in touch**

We will keep you informed about the process of your travel card.

We'd love to drop you an email every now and then to let you know about all the latest travel card developments and any exciting offers. Please be sure to tick this box so we can keep you posted.

You can withdraw your consent at any time by contacting us:

**[Customer.feedback@westyorks-ca.gov.uk](mailto:Customer.feedback@westyorks-ca.gov.uk)**

**MetroLine 0113 245 7676**

## **Privacy Statement**

### **What is personal data?**

Personal data is information about a living person that means we can work out who they are.

When we collect your personal data, West Yorkshire Combined Authority is what is known as the 'data controller'.

As the data controller, we will:

- Only keep your data that we need to provide services you have requested and do what the law says we must
- Keep your data safe and accurate
- Only keep your data as long as we have to
- Collect, store and use your data in a way which does not break any data protection laws

You can help us with this by telling us when any of your details change and tell us if any of the information we hold about you is wrong.

## **What data are we collecting?**

We collect data from you to make sure we can provide your travel pass, this includes includes:

- Name
- Date of birth
- Address
- Phone number
- Email address
- Details of your disability
- Proof of your disability

Some of this data (such as health data) may be classed as special category which is more sensitive and means we will look after it more carefully.

## **Who are we sharing your data with?**

In order to make sure we can provide you with your travel pass, we need to share your data with the following organisations:

- Card printers (for the printing and posting of cards)
- Database management support (to ensure integrity, security and data recovery)
- West Yorkshire Ticketing Company (owner of the M-Card brand)

## How long do we keep your data for?

We will keep your account information (ie name, address, date of birth) for 366 days after either the expiry of the last registered card or, the date of the last transaction on an account whichever is shorter. Pink M-Cards customer information will remain on the system unless the customer requests that their information be deleted. Any incomplete customer records will be removed after three months. Any medical information will be kept for three months after the application decision, or three months after an appeal decision.

After this time has passed, we will safely delete your information.

## What if I have any questions?

If you want to ask us to delete or change any of your information or want to know more, you can get in touch with us:

Email: **DPO@westyorks-ca.gov.uk**. Tel: **0113 251 7272**.

If you would like to read our full privacy statement, this is available on our website at **[wymetro.com/tickets-and-passes/privacy-statement/](http://wymetro.com/tickets-and-passes/privacy-statement/)**