

# Disabled Person's Travel Pass

## Evidence form – Severe walking disability

Please note, this is not an application form for a blind or disabled person's travel pass. This form should be provided in addition to your disabled person's travel pass application form.

Section 1 To be filled in by applicant	
Name:	Date of Birth:
Address:	Tel. No:
	Email:
Postcode:	
Signed:	Date:

**You can apply for a Companion Pass if you are unable to travel alone because of your disability**

Are you applying for a Companion Pass?  Yes  No

Please note, if you ask your GP to complete this evidence form or write a letter, this is not an NHS service. If your GP does agree to complete the form you will normally have to pay, and a completed form does not guarantee you a travel pass. We do not deal directly with GPs.

### Section 2 Information for the medical professional

The person named above is applying for a Disabled Person's Travel Pass on the basis that they have a long term and substantial disability that means they cannot walk or which makes walking very difficult i.e. people who can only walk with excessive labour and at an extremely slow pace, or with excessive pain.

The Transport Act 2000 defines this as someone who "has a disability, or has suffered an injury, which has a substantial and long-term adverse effect on their ability to walk"

Section 3 of this form relates to how far the applicant can walk without experiencing severe discomfort. 'Severe discomfort' can mean either severe pain or severe breathlessness. Extreme fatigue and stress may also be taken into account. It has been accepted that discomfort is subjective and that some people have higher pain thresholds than others.

Please answer to the best of your professional knowledge and judgement.

It is up to the applicant to demonstrate that they qualify for a travel pass, and we have provided this form to help them obtain information about their eligibility under this criteria. However, any costs will be borne by the applicant.

## Section 3 Eligibility

### To be completed by a qualified medical professional

Which of the following apply to the applicant? Please tick yes or no

Is unable to walk?

Yes  No

Can only walk with the use of crutches (long term)

Yes  No

Walks less than 25 metres before experiencing severe discomfort

Yes  No

Walks less than 64 metres before experiencing severe discomfort, but more than 25 metres

Yes  No

Walks less than 100 metres before experiencing severe discomfort, but more than 64 metres

Yes  No

Cannot say how far the applicant can walk without experiencing severe discomfort

Yes  No

Walks excessively slowly e.g. takes 5 minutes to walk 100 metres

Yes  No

The exertion required to walk would constitute a danger to their life

Yes  No

The exertion required to walk is likely to lead to serious deterioration in their health

Yes  No

Can walk without pain if medication is taken

Yes  No

Can walk relatively normally with the aid of an artificial leg

Yes  No

None of the above apply to the applicant

Yes  No

**Please provide any other information which is relevant to the applicant's eligibility:**

### **Duration of disability**

Please tick to indicate how long the applicant's condition is likely to last:

Less than 12 months, e.g. recovery from surgery

More than one year

More than two years

More than five years

The applicant's condition is permanent

## Section 4 Companion Pass

Applicants may request a Companion Travel Pass if they are unable to travel without a companion due to their disability. If the applicant is applying for a Companion Pass (see Section 1 of this form) please indicate below which of the following apply to the applicant:

Please tick the box that applies to this person.

I can not confirm that the applicant is unable to travel on public transport without the assistance of a companion

Or

The applicant is unable to travel on public transport without the assistance of a companion

Please explain why the applicant's medical condition/disability means that they cannot travel alone:

**Verification To be completed by the medical professional**

<b>Name:</b>	<b>Official Stamp or attach letterhead/ compliment slip</b>
<b>Position:</b>	
<b>Address:</b>	
<b>Tel. No:</b>	
<b>Signed:</b>	<b>Date:</b>
<b>On completion, please return this form to the applicant.</b> Please Note: Forms can only be accepted where the medical professional has answered the questions in Section 3	

**Please return this form by post to:  
Inclusive Travel Team, PO Box 917, LEEDS. LS1 9WS**

## Privacy Notice from January 2023

### 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:

- 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:

- Local Councils (for the processing of Blind and Disabled Person's travel passes only)
- 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](mailto: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/privacy-policy](http://wymetro.com/privacy-policy)