

# Disabled Person's Travel Pass

## Evidence Form – Unable to drive on medical grounds

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
<p>The person named above is applying for a Disabled Person's Travel Pass on the basis that they would be refused a driving licence on medical grounds.</p> <p>The Transport Act 2000 defines this as:</p> <p>"would, if they applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, have their application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the ground of persistent misuse of drugs or alcohol."</p>

They need not have ever applied for a driving licence. However, if they do currently hold a driving licence then they would not be eligible for a travel pass.

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

#### Epilepsy

Their current experience of seizures would result in a driving licence being refused or revoked

Yes  No

Epilepsy which is controlled – they would be permitted to hold a driving licence

Yes  No

#### Dizziness

They are liable to sudden attacks of giddiness or fainting (whether as a result of a cardiac disorder or otherwise)

Yes  No

#### Vision

They would be unable to read a registration plate in good light at 20.5 meters (with lenses if worn)

Yes  No

They would be refused a driving licence because they have a restricted field of vision

Yes  No

#### Diabetes

They have diabetes and their current experience of hypoglycaemia would prevent them from holding a driving licence

Yes  No

## Severe Mental Disorder

They have a severe mental disorder which would preclude them from holding a driving licence:  
Please tick yes or no and give further details below:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Schizophrenia or long lasting psychosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hypomania or mania                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Acute psychotic disorder                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dementia of any type                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Severe anxiety or depression            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (please give details below)       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do they have mild or moderate anxiety or depression?

Yes  No

Does the condition cause any of the following: significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts?

Yes  No

They have another disability which is likely to cause driving a vehicle by them to be a danger to the public and which would result in refusal of a driving licence. (please give details below)

Yes  No

## Medication

They have been advised not to drive because of the side effects of medication but could keep their driving licence (if they hold one)

Yes  No

They persistently misuse drugs or alcohol and this has caused the above condition/s

Yes  No

None of the above apply to the applicant

**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 is unlikely to ever be eligible to hold a driving licence on medical grounds

## 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)