

# Disabled Person's Travel Pass

## Evidence form – Learning 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 learning disability, as defined in the Transport Act 2000, which defines learning disability as "a state of arrested or incomplete development of mind which includes significant impairment of intelligence social functioning".

Guidance for concessionary travel defines 'learning disability' in this way:

A person with a learning disability has a reduced ability to understand new or complex information, a difficulty in learning new skills, and may be unable to cope independently. These disabilities must have started before adulthood and have a lasting effect on development. The person should be able to qualify for specialist services and he or she may have had special educational provision.

This form asks for information about the applicant's disability, 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 West Yorkshire Combined Authority has provided this form to help them obtain information about their eligibility under these criteria. However, any costs will be borne by the applicant.

## Section 3 Eligibility

**To be completed by a qualified medical or social care professional**

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

They have a learning disability and both intelligence and social functioning are significantly impaired. The disability started before adulthood and has a lasting effect on their development.

Yes  No

Or they will be ineligible if:

They have a learning disability, but intelligence is not significantly impaired

Yes  No

They have a learning disability, but social functioning is not significantly impaired

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
- 12 months or more
- 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 or social care 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>

**On completion, please return this form to the applicant.**

Please Note: Forms can only be accepted where the medical or social care professional has answered the questions in Section 3

**Please return this form to your local council.  
You can send your form by email or by post:**

<b>Your Local Council</b>	<b>Email your form to</b>	<b>Post your form to</b>
<b>Bradford</b>	<b>transport.concessions@bradford.gov.uk</b>	<b>Transport and Education Team Bradford Council PO Box 1253 Bradford, BD1 9AB</b>
<b>Calderdale</b>	<b>customer.first@calderdale.gov.uk</b>	<b>Calderdale Council PO Box 51 Halifax, HX1 1TP</b>
<b>Kirklees</b>	<b>disabled.travel@kirklees.gov.uk</b>	<b>Kirklees Council Disabled Travel PO Box 1661 Huddersfield, HD1 9SR</b>
<b>Leeds</b>	<b>bluebadge@leeds.gov.uk</b>	<b>Leeds City Council PO Box 657 Leeds, LS1 9BS</b>
<b>Wakefield</b>	<b>DisabledTravelPass@wakefield.gov.uk</b>	<b>BlueBadge PO Box 700 Wakefield One, WF1 2EB</b>

## 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)