

# Mobility Concessionary Card Application Form

Please complete in **BLOCK CAPITALS** and in black ink

First Name

Surname

Date of birth (DD/MM/YYYY)

Telephone/mobile

Address, including post code

National Insurance Number

Email Address

**You must provide one of the following from the list below as proof of your name and age**

Current passport

Driving licence

Medical card / medical summary

Marriage certificate (if it contains your date of birth)

Biometric residency permit

Birth certificate (unless your name has changed). *If it has changed, please also provide proof of deedpoll or marriage certificate.*

**You must also provide one example from the list below as proof of address**

Current council tax bill/letter/ payment book

Current television licence

Current tenancy agreement

Department of Work and Pensions letter / PIP (dated in the last three months)

Residential utility bill dated in the last three months (not mobile phone bill)

Residential Credit Card statement (dated in the last three months)

Residential bank/building society statement (dated in the last three months)

**I wish to apply for a Mobility Concessionary Card under the following criteria:**

- Blind or partially sighted
- Profoundly or severely deaf - hearing loss reaches 70 dBHL minimum. *Audiology report must be provided.*
- Without speech in any language - people whose speech may be slow or difficult to understand **DO NOT QUALIFY**
- A disability, or an injury, which has a substantial long term adverse effect on the ability to walk
- No arms or long term loss of the use of both arms
- A learning disability, that is, a state of arrested or incomplete development of mind, which includes significant impairment of intelligence and social functioning - qualifies for specialist services or may have had special educational provision
- Would, if applied for, not be granted a motor vehicle licence under Part III of the Road Traffic Act 1998, section 92 (other than on the grounds of persistent misuse of drugs or alcohol)

**Please give details of the disability using CAPITAL letters**

**I wish to apply for a companion to travel with me for free. I am aged 11 or over. I may be eligible under the following criteria:**

- I am visually impaired and I am severely sight impaired or sight impaired with Nottingham City Council's Adult Sensory Team.
- I need to use a wheelchair at **all** times (both indoors and outdoors).
- I have a learning disability that prevents me from travelling alone. I am under the care of Nottingham City Council's Wholelife Disability Team.

**I have a qualifying disability and I am a permanent resident of Nottingham City. I accept the conditions of the Concessionary Travel scheme. I understand that the provision of any false information as part of this application may render me liable to prosecution and that the pass remains the property of Nottingham City Council.** Information provided in this application may be shared with relevant parties to determine eligibility.

Your Signature

Date (DD/MM/YYYY)

**Your Mobility Card also includes other features in addition to the travel benefits. From time to time we would like to send you information about these additional benefits.**

- I do wish to receive information or promotion material from Mobility Concessionary Card or its partners

**How would you like us to get in touch with you? Please tick all that apply.**

- Post
- Telephone
- Email