Council documents can be made available in large print, audio, easy read and other formats. Documents on our website can also be emailed to you as plain text files.

Help is also available for people who require council information in languages other than English.

For more information contact: 01934 426 426 or email: diamond.travelcard@n-somerset.gov.uk
Checklist

☐ **Section A** to be completed by all applicants 3

☐ **Section B** to be completed by all applicants 4

☐ **Section C** all applicants to complete the relevant criteria 5

☐ **Section D** additional information 10

☐ **Section E** application for a companion travelcard 11

☐ **Section F** to be completed by all applicants 11

☐ Application form includes pull-out guidance booklet in centre pages.

When completed this form should be signed and posted to the Diamond Travelcard Team:

Travelcard Office  
Town Hall  
Walliscote Grove Road  
Weston-super-Mare  
BS23 1UJ

Or handed in person to your local library, housing office or the reception at the Town Hall in Weston-super-Mare.

If you have any queries or require help filling in the form, please contact the Diamond Travelcard Office on: 01934 426 426  
Or email: diamond.travelcard@n-somerset.gov.uk
Section A

Personal details

Surname: ___________________________ Sex: male [ ] female [ ]

Forenames: ___________________________

Title: Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Other [ ] Please state ___________________________

Date of birth: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

National Insurance number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Address: ___________________________________________________________

Postcode: ___________________________________________________________

Telephone: _________________________________________________________

Mobile: ___________________________________________________________

Email: _____________________________________________________________

Is the above address your sole and principal residence for more than six months of the year? Yes [ ] No [ ]

If no, please contact the local authority of your principal residence to obtain a travelcard.

Would you like to receive correspondence in large print? Yes [ ] No [ ]

- Please attach a recent passport sized photo in this box
- The photo should be head and shoulders only with no headgear

Please print name on reverse of photograph in case it becomes detached.
## Section B

### Eligibility Assessment

I am eligible for a **Diamond Travelcard** because I suffer from the following disability:

<table>
<thead>
<tr>
<th>Please tick ✓</th>
<th>Qualifying criteria</th>
<th>Proof requirements</th>
<th>Please read and complete the criteria listed below in Section C</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Profoundly or severely deaf</td>
<td>● Medical evidence</td>
<td>Criteria 1 page 5</td>
</tr>
<tr>
<td></td>
<td>Severe disability in both arms</td>
<td>● Medical evidence</td>
<td>Criteria 2 page 5</td>
</tr>
<tr>
<td></td>
<td>Severely disabled and unable to walk</td>
<td>● Higher Rate Mobility Component of Disability Living Allowance ● War Pensioner’s Mobility Supplement ● Blue Badge ● Medical evidence</td>
<td>Criteria 3 page 6</td>
</tr>
<tr>
<td></td>
<td>Blind or partially sighted</td>
<td>● Registered with the council ● Medical evidence</td>
<td>Criteria 4 page 7</td>
</tr>
<tr>
<td></td>
<td>Significant learning disability</td>
<td>● In a residential care home ● Known to the council’s Learning Disabilities Team ● Medical evidence ● Letter from social worker or key/support worker</td>
<td>Criteria 5 page 8</td>
</tr>
<tr>
<td></td>
<td>Have been refused a driving licence due to physical or mental incapacity</td>
<td>● Letter from DVLA ● Medical evidence ● Patient of Avon and Wiltshire Partnership (mental illness only)</td>
<td>Criteria 6 page 9</td>
</tr>
<tr>
<td></td>
<td>Without speech</td>
<td>● Medical evidence</td>
<td>Criteria 7 page 10</td>
</tr>
</tbody>
</table>

Please refer to the relevant criteria in **Section C** to find out what evidence you need to provide to prove your eligibility. You will need to send this to us with your application form. We accept photocopies.

You will only be eligible if your disability is permanent, i.e. it has affected you and/or will affect you for at least six months.
Proof of Eligibility

National Criteria 1:

Profoundly or severely deaf

Criteria:

• The applicant has a hearing loss of 70 dBHL or above.

Proof:
Please tick as appropriate and attach your proof to the application form.

1A I attach medical evidence

• Please provide medical evidence that explicitly states you meet the criteria outlined above.
• Medical evidence can be in the form of a letter or report from your consultant or GP.
• Medical evidence should be dated and provided on headed paper.
• We cannot accept evidence that is out of date (i.e. more than 12 months old).

If you have completed Criteria 1, please continue to Section D on page 10.

National Criteria 2:

Severe disability in both arms

Criteria:

• The applicant does not have arms or has the long term loss of the use of both arms.

Proof:
Please tick as appropriate and attach your proof to the application form.

2A I attach medical evidence

• Please provide medical evidence that explicitly states you meet the criteria outlined above.
• Medical evidence can be in the form of a letter or report from your consultant or GP.
• Medical evidence should be dated and provided on headed paper.
• We cannot accept evidence that is out of date (i.e. more than 12 months old).

If you have completed Criteria 2, please continue to Section D on page 10.
National Criteria 3:

Severely disabled and unable to walk

Criteria:

- To be eligible you must receive the Higher Rate Mobility component of Disability Living Allowance or have a disability at a comparable level.
- You will need to provide evidence that you walk with excessive labour and at an extremely slow pace or with excessive pain.
- Difficultly in carrying parcels will not be taken into account.
- If you use a walking aid or can walk relatively normally with an artificial leg then you may not qualify.

Proof:

Please tick as appropriate and attach your proof to the application form.

3A I receive Higher Rate Mobility component of Disability Living Allowance (DLA)

- Please provide evidence (e.g. official letter of entitlement from DLA) less than 12 months old showing the period it covers unless you are entitled to receive this allowance indefinitely.
- If the DLA award is for less than 12 months you may not qualify.
- We cannot accept Lower Rate Mobility Component or any level of Care Component as proof of Criteria 3.

3B I receive a War Pensioner’s Mobility Supplement

- Please provide evidence less than 12 months old (e.g. official letter) showing the period it covers.
- If the award is for less than 12 months you may not qualify.

3C I have a Blue Badge

- Please provide the expiry date of your Blue Badge below:

  | D | D | M | M | Y | Y | Y |

- We will check with the Blue Badge department to confirm you are eligible.
- If your Blue Badge expires within six months, please supply medical evidence (see below).
3D I attach medical evidence

- Please provide medical evidence that explicitly states you meet the criteria outlined above.
- Medical evidence can be in the form of a letter or report from your consultant or GP.
- Medical evidence should be dated and provided on headed paper.
- We cannot accept evidence that is out of date (i.e. more than 12 months old).

If you have completed Criteria 3, please continue to Section D on page 10.

National Criteria 4:

Blind or partially sighted

Criteria:

- The applicant is unable to read the top letter in the eye test chart (used by opticians) with their glasses, if worn, at a distance of 6 metres or less.

Proof:

Please tick as appropriate and attach your proof to the application form.

4A I am registered with the council

- We will contact the relevant department in the council to confirm that you are eligible.

4B I attach medical evidence

- Please provide medical evidence that explicitly states you meet the criteria outlined above.
- Medical evidence can be in the form of a letter or report from your consultant or GP.
- Medical evidence should be dated and provided on headed paper.
- We cannot accept evidence that is out of date (i.e. more than 12 months old).

If you have completed Criteria 4, please continue to Section D on page 10.
National Criteria 5:

Significant learning disability

Criteria:

- The applicant suffers from a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning.
- Those affected will have 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.

Proof:
Please tick as appropriate and attach your proof to the application form.

5A  i) I live in a council-run residential care home
- The name of the home is _____________________________________________________
- We will check this against our list of North Somerset care homes.

ii) I live in a privately-owned residential care home
- The name of the home is ___________________________________________________
- Please attach a letter on headed paper from the manager of your care home.

5B  I receive services from the council’s Learning Disabilities Team or Children’s Disabilities Team
- We will contact these teams to confirm that you meet the above criteria.

5C  I attach medical evidence
- Please provide medical evidence that explicitly states you meet the criteria outlined above.
- Medical evidence can be in the form of a letter or report from your consultant or GP.
- Medical evidence should be dated and provided on headed paper.
- We cannot accept evidence that is out of date (i.e. more than 12 months old).

5D  I attach a letter from my social worker or key/support worker
- Please provide a letter that explicitly states that you meet the criteria outlined above.
- Letters should be dated and provided on headed paper.
- We cannot accept evidence that is out of date (i.e. more than 12 months old).

If you have completed Criteria 5, please continue to Section D on page 10.
National Criteria 6:

Have been refused a driving licence due to physical or mental incapacity

Criteria:

- The applicant has a condition that prevents them from holding a driving licence.
- The applicant would be refused a licence under Section 92 of the Road Traffic Act 1988.
- This criteria does not include refusal on grounds of drug or alcohol misuse.
- Medical conditions that may prevent someone holding a driving licence include epilepsy (except when free of seizures for a year), restricted visual fields, cardiac or neurological disorders or severe mental disorders (e.g. bipolar or schizophrenia).

Proof:
Please tick as appropriate and attach your proof to the application form.

6A I have surrendered my driving licence or had it revoked
- Please provide a letter from the DVLA confirming your licence has been revoked.
- When can you reapply for your licence?

6B My application for a driving licence would be refused on medical grounds.
I attach medical evidence
- Please provide medical evidence that explicitly states you meet the criteria outlined above.
- Medical evidence can be in the form of a letter or report from your consultant or GP.
- Medical evidence should be dated and provided on headed paper.
- We cannot accept evidence that is out of date (i.e. more than 12 months old).

6C I have a severe mental disorder and am a patient with Avon and Wiltshire Partnership
- We will check with Avon and Wiltshire Partnership to confirm that you meet the above criteria.

If you have completed Criteria 6, please continue to Section D on page 10.
National Criteria 7:

Without speech

Criteria:

- The applicant is unable to communicate orally in any language.
- They are unable to make basic oral requests or to ask specific questions to clarify instructions.
- People with a stammer or those for whom English is not their first language will not be eligible.

Proof:

Please tick as appropriate and attach your proof to the application form.

7A I attach medical evidence

- Please provide medical evidence that explicitly states you meet the criteria outlined above.
- Medical evidence can be in the form of a letter or report from your consultant or GP.
- Medical evidence should be dated and provided on headed paper.
- We cannot accept evidence that is out of date (i.e. more than 12 months old).

If you have completed Criteria 7, please continue to Section D below.

Section D

Any additional information

Please use this space to provide us with any information you think we should know that is not covered elsewhere in your application. We cannot accept anything written here by a professional as evidence of your disability. Medical evidence or professional letters must be dated and written on headed paper and attached to this form.
Section E

Application for a Companion Travelcard

I would like to apply for a Companion Travelcard as I need the assistance of a companion at all times when travelling on buses.

This is proof of your need for a companion only. You will only receive a companion pass if you have already proven your eligibility in Section C.

This section must be completed by your GP or consultant.

Name of GP/Consultant:

Practice stamp

Signature:

This service enhancement is provided at the discretion of North Somerset Council, who has the right to change or withdraw the enhancement at any time.

Section F

Declaration

I declare that, to the best of my knowledge, all the information I have provided is correct.

Signature:

[DDM MYY Y Y Y]
Data Protection

This information will be used by North Somerset Council, the Department for Transport, bus operators, and appointed contractors to administer the Diamond Travelcard service and may be used to monitor usage. It may also be used internally for research into travel services. Your name and other identification details may also be used by the council’s contact centre and gateways for the purpose of improving your access to any of the council’s services. The Diamond Travelcard itself will only hold your name, photograph, card number and expiry date.

The council is under a duty to protect the public funds it administers and may use information you have provided in order to prevent and detect fraud. We may, therefore also share this information with other bodies responsible for auditing or the administration of public funds for this purpose, including the Audit Commission, and the council’s auditor. Please contact the council’s Corporate Information Management Team for any queries about data protection.

Safe Travel Tips

- Take care and hold the handrail whilst getting on and off the bus.
- Sit down at the first available seat – certain seats are designated for the use of elderly and disabled persons.
- Hold the handrail whilst seated if possible.
- Please keep the gangway clear.
- When you want to get off, notify the driver by ringing the bell in plenty of time.
- Remain seated until the bus has stopped.

For office use only:

Proof of disability

- HRMA of DLA
- Medical evidence
- War Pensioners’ Supplement
- Other______________________________

Card expiry date

- Permanent
- Time-limited______________________________

Account number______________________________

Initials______________________________

Date of assessment _____/_____/____

Date of issue _____/_____/____