

NORTH HERTFORDSHIRE DISTRICT COUNCIL

Verification Certificate - side A

Application for Concessionary Fares Travel Permit for people with disabilities

Name:

Address:.....

.....

.....

has applied to North Hertfordshire District Council for a concessionary travel permit on the grounds of disability. Government guidelines require us to obtain confirmation that an applicant's condition meets the requirements of the Disability Discrimination Act i.e. falls within the categories overleaf and is permanent or likely to last at least twelve months¹.

As this scheme is heavily subsidised and most permits can be renewed without further inquiry, it is important that only those applicants who genuinely meet the criteria are certified. Action will be taken against anyone found to have fraudulently acquired a permit. We would be obliged, therefore, if you would read the guidance notes before completing the form overleaf.

I should advise you that the Council is not in a position to reimburse any fee that you may wish to charge for completing this certificate.

If you have any queries please do not hesitate to contact us on 01462 474000. Thank you for your time and assistance.

Yours faithfully,

Concessionary Fares Administration

Please note: Side A - must be completed by applicant

Side B - must only be completed by a relevant professional person, it must not be completed by the applicant.

¹ Or the rest of the person's life if expected to be shorter

Verification Certificate - side B

Application for Concessionary Fares Travel Permit for people with disabilities

This certificate must be completed by a relevant competent professional relating to the disability e.g. Occupational Therapist, Physiotherapist, Social Worker, District Nurse, or Manager of a Daycentre that the applicant attends regularly. For blind or partially sighted people who are not registered this form must be signed by an Ophthalmologist or Optometrist. **VERIFICATION CERTIFICATE MUST NOT BE FILLED IN BY APPLICANT.**

The person named overleaf: (Please tick appropriate box/es)

- (a) Is blind or partially sighted
- (b) Is profoundly or severely deaf
- (c) Is without speech
- (d) Has a disability, or has suffered an injury, which has a substantial and long-term adverse effect on their ability to walk (**see notes**)
- (e) Does not have arms or has long-term loss of the use of both arms
- (f) Has a learning disability from birth (**see notes**)
(i.e. a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning)
- (g) Would, if he/she applied for a licence to drive a motor vehicle, have his/her application refused on grounds of physical fitness other than on the grounds of persistent misuse of drugs or alcohol (**see notes**)
Please state reason :.....

This person's disability is likely to: (Please tick appropriate box)

- ❖ last at least 12 months but is unlikely to be permanent
- ❖ be permanent

TO BE COMPLETED BY A PROFESSIONAL PERSON ONLY

Name in capitals:	Signature:
Position:	Date:
Contact Telephone No:	
Address or Official Stamp: (if available)	