



Learning Disability Evidence Form

West Berkshire Council
 Concessionary Fares Team
 Council Offices, Market Street,
 Newbury, RG14 5LD
 Telephone No: 01635 519394
 email: transport@westberks.gov.uk
www.westberks.gov.uk/concessionaryfares

Privacy Notice: To find out how we use the data you give us on this form visit <https://info.westberks.gov.uk/privacynotices>

To be filled in by applicant

Declaration of authority. I authorise the consultant / specialist (shown below) to disclose to West Berkshire Council the information requested in this form. Please PRINT details.

Name	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/>	Tel. no.	<input type="text"/>
	<input type="text"/>	Email	<input type="text"/>
	Postcode		<input type="text"/>
Signed	<input type="text"/>	Date	<input type="text"/>

To be filled in by a qualified medical practitioner

Dear Consultant or Specialist,

The person mentioned above is applying for a travel concession on the basis of **having a significant learning disability**.

The Transport Act 2000 defines Learning Disability as “a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning”. This is clarified in more detail in the options below.

Please tick the box(es) that apply to this person.

- Their disability started before adulthood and has a lasting effect on their development.

AND

- They have a reduced ability to understand new or complex information.
 They have had specialist educational provision.
 They have difficulty in learning new skills.
 They are unable to cope independently.

OR

- I am unable to confirm that any of the above options apply to this person.

Please tick this box if this is a permanent disability, which has a substantial effect on the above person's ability to carry out normal day-to-day activities.

Name	<input type="text"/>		
Position	<input type="text"/>		
Address	<input type="text"/>		
GMC No.	<input type="text"/>	Tel:	<input type="text"/>
Signed	<input type="text"/>	Date	<input type="text"/>

**OFFICIAL
 CLINIC / HOSPITAL
 STAMP HERE**

On completion please return the form to the applicant

Once completed, the applicant should submit this Evidence Form, along with the Concessionary Bus Pass Application Form, proof of residence, and date of birth and photograph.

