# Thurrock Council – National Concessionary Bus Pass form Disabled person's companion pass

## How we will use your information

Signed

We will use your information to provide the service requested. We may share your personal data between our services and with partner organisations, such as government bodies and the police. We will do so when it is of benefit to you, or required by law, or to prevent or detect fraud. To find out more, go to <a href="mailto:thurrock.gov.uk/privacy">thurrock.gov.uk/privacy</a>. Get free internet access at libraries and community hubs.

Disabled person's deta	ils		
First name(s)			
Surname			
Current address, including postcode			
Phone number			
Email address			
Date of birth			
National Insurance number			
Which of the following disabled person's entitlements apply?		☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G — see entitlement guide on the following page	
I confirm that all the information provided above information I may forfeit any future entitlements.  Signed		s correct, and I am aware Parent or carer signature	, 0
Name		Date	
Companion entitlemen	t – for completio	n by a medical profe	essional
I confirm the details above a	re correct and that th	e applicant needs a com	panion pass for:
physical assistance	0		
Name and medical title			
Address, including postcode			Practice or surgery stamp
Phone number			

Date

### Companion pass guide

Disabled applicants who would not be able to make a journey regularly without assistance from a travelling companion may be entitled to a companion pass.

The signature of a medical professional or specialist – an independent person who has a medical qualification or knowledge of your medical condition – is needed to confirm the applicant needs full-time attendance or help either to:

- get on or off the bus
- plan or find information about their journey
- · find the correct bus

You cannot use your companion pass outside of Thurrock, Essex and Southend.

#### Disabled person's entitlement guide

Α	Blind or partially sighted	
В	Profoundly or severely deaf	
С	Without speech	
D	Disability, which has a substantial long-term adverse effect on your ability to walk	
E	Long term loss of use of both arms or the loss of both arms	
F	Learning disability	
G	Refusal of driving license or unable to drive due to medical reasons	

## Where to send your application

Post form to: Passenger Transport Unit, Thurrock Council, New Road, Grays, RM17 6SL

Find out more: thurrock.gov.uk/buspass