

Disabled Person's Travel Pass

Evidence form – Blind or partially sighted

Please note, this is not an application form for a blind or disabled person's travel pass. This form should be provided in addition to your disabled person's travel pass application form.

Section 1 To be filled in by applicant	
Name:	Date of Birth:
Address:	Tel. No:
	Email:
Postcode:	
Signed:	Date:

You can apply for a Companion Pass if you are unable to travel alone because of your disability

Are you applying for a Companion Pass? Yes No

Please note, if you ask your GP to complete this evidence form or write a letter, this is not an NHS service. If your GP does agree to complete the form you will normally have to pay, and a completed form does not guarantee you a travel pass. We do not deal directly with GPs.

Section 2 Information for the eye specialist/medical professional

The person named above is applying for a Disabled Person's Travel Pass on the basis that they are blind (severely sight impaired) or they are partially sighted (sight impaired) as defined in the Transport Act 2000:

In general terms a person can be registered as blind (severely sight impaired) if they cannot see (with glasses, if worn) the top letter of the eye test chart (used by doctors and opticians) at a distance of 3 metres or less. Some people, who can read the top letter of an eye test chart at 3 metres, but not at 6 metres, may still be eligible for registration as blind if their field of vision is also severely restricted.

A person can be registered as partially sighted (sight impaired) if they have a full field of vision but can only read the top letter of the eye test chart at a distance of 6 metres or less (with glasses, if worn). However, if they can read the next three lines down at the same distance, but the field of vision is either moderately or severely restricted, they may still qualify for registration.

This form asks for information about the applicant's disability, please answer to the best of your professional knowledge and judgement.

It is up to the applicant to demonstrate that they qualify for a travel pass, and West Yorkshire Combined Authority has provided this form to help them obtain information about their eligibility under these criteria. However, any costs will be borne by the applicant.

Section 3 Eligibility

To be completed by a qualified eye specialist/medical professional

Which of the following apply to the applicant? Please tick yes or no

Are they registered or entitled to be registered as blind (severely sight impaired)

Yes No

Are they registered or entitled to be registered as partially sighted (sight impaired)

Yes No

None of the above apply to the applicant

Please provide any other information which is relevant to the applicant's eligibility:

Duration of disability

Please tick to indicate how long the applicant's condition is likely to last:

Less than 12 months

12 months or more

The applicant's condition is permanent

Section 4 Companion Pass

Applicants may request a Companion Travel Pass if they are unable to travel without a companion due to their disability. If the applicant is applying for a Companion Pass (see Section 1 of this form) please indicate below which of the following apply to the applicant:

Please tick the box that applies to this person.

I can not confirm that the applicant is unable to travel on public transport without the assistance of a companion

Or

The applicant is unable to travel on public transport without the assistance of a companion

Please explain why the applicant's medical condition/disability means that they cannot travel alone:

Verification To be completed by the medical professional

Name:	Official Stamp or attach letterhead/ compliment slip
Position:	
Address:	
Tel. No:	
Signed:	Date:

On completion, please return this form to the applicant.

Please Note: Forms can only be accepted where the medical professional has answered the questions in Section 3

**Please return this form to your local council.
You can send your form by email or by post:**

Your Local Council	Email your form to	Post your form to
Bradford	sns.general@bradford.gov.uk	Sensory Needs Services Morley Street Resource Centre 124 Morley Street Bradford, BD7 1BB
Calderdale	customer.first@calderdale.gov.uk	Calderdale Council PO Box 51 Halifax, HX1 1TP
Kirklees	disabled.travel@kirklees.gov.uk	Kirklees Council Disabled Travel PO Box 1661 Huddersfield, HD1 9SR
Leeds	bluebadge@leeds.gov.uk	Leeds City Council PO Box 657 Leeds, LS1 9BS
Wakefield	DisabledTravelPass@wakefield.gov.uk	BlueBadge PO Box 700 Wakefield One, WF1 2EB

Privacy Notice from January 2023

What is personal data?

Personal data is information about a living person that means we can work out who they are. When we collect your personal data, West Yorkshire Combined Authority is what is known as the 'data controller'.

As the data controller, we will:

- Only keep your data that we need to provide services you have requested and do what the law says we must
- Keep your data safe and accurate
- Only keep your data as long as we have to
- Collect, store and use your data in a way which does not break any data protection laws

You can help us with this by telling us when any of your details change and tell us if any of the information we hold about you is wrong.

What data are we collecting?

We collect data from you to make sure we can provide your travel pass, this includes:

- Name, date of birth, address, phone number, email address, details of your disability, proof of your disability.

Some of this data (such as health data) may be classed as special category which is more sensitive and means we will look after it more carefully.

Who are we sharing your data with?

In order to make sure we can provide you with your travel pass, we need to share your data with the following organisations:

- Local Councils (for the processing of Blind and Disabled Person's travel passes only)
- Card printers (for the printing and posting of cards)
- Database management support (to ensure integrity, security and data recovery)
- West Yorkshire Ticketing Company (owner of the M-Card brand)

How long do we keep your data for?

We will keep your account information (ie name, address, date of birth) for 366 days after either the expiry of the last registered card or, the date of the last transaction on an account whichever is shorter. Pink M-Cards customer information will remain on the system unless the customer requests that their information be deleted. Any incomplete customer records will be removed after three months. Any medical information will be kept for three months after the application decision, or three months after an appeal decision.

After this time has passed, we will safely delete your information.

What if I have any questions?

If you want to ask us to delete or change any of your information or want to know more, you can get in touch with us: Email: DPO@westyorks-ca.gov.uk Tel: 0113 251 7272.

If you would like to read our full privacy statement, this is available on our website at wymetro.com/privacy-policy