

Application for a Disabled Person's national bus travel pass.

Please attach a recent passport size photo here. No hats, sunglasses or app filters please.

Please complete using BLACK or BLUE INK and BLOCK CAPITALS.

Please Note: We aim to despatch your pass within 25 days of receiving your completed application form, 11 days if you apply online. We'll send your pass by 2nd Class post. To apply online go to travelsouthyorkshire.com/disabled

Mr Mrs Miss Ms Other	Date of Birth	DD	Μ	MY	Y	Υ	Y
Forename(s)						\Box	
Surname							
Address					Н	+	
Postcode Email							
Proof of Age (please provide one of the below)							
Passport or driving licence number At the bottom of your passport photopage there are two lines containing chevrons (>>). We require the first 28 characters from the bottom line. Other proof of age If you can't provide a driver's licence or passport number, please enclose a copy* of some other official document that tells us your date of birth.							
What do you want us to do? (please tick one box)							
Issue me with a disabled person's pass, I've never had one before, I enclose a copy of my proof of entitlement*							
Renew my disabled person's pass, it's expired (or is about to), I enclose a copy of my proof of entitlement*							
Replace my disabled person's pass, I've lost or broken it and enclose a cheque/postal order for £7 (made out to SYMCA)							
Replace my disabled person's pass, it was stolen, here is the crime reference	number						
Other (please state)							
A letter from DWP showing that you've been awarded PIP with an award of at least 8 points in either 'Moving Around' or 'Communicating' A Mer and st	that you have been aw tal Health Transport C amped by your psychia er of entitlement from	oncessior atrist (Bar	is form : nsley oi	signed hly), or	ŀ	Photocoj only. Do not enclose original:	t e

Declaration: I confirm that to the best of my knowledge the information on this application is true and complete. I understand that in the event of this pass being lost, there will be a charge to replace it.

Signature

Date

Parent/guardian's signature if applying on behalf of a person under 13 years of age

Post your completed form to: Contact Centre, SYMCA, 11 Broad Street West, Sheffield S1 2BQ

When you apply for a pass, the legal basis for us to process your personal data is public task/legal obligation. We must keep the data for the duration of the pass in order for us to manage any issues with that pass. We will only keep data for 3 months after a pass has expired. We may contact you by email, post or telephone in relation to your pass.

If you would like to receive our newsletter and participate in our marketing and survey campaigns for the purpose of improving our services to you or to notify you of changes to service and ticket pricing, please tick the box below and provide your email address.

email

A copy of the latest South Yorkshire MCA privacy statement can be found at travelsouthyorkshire.com/privacy or a paper copy can be viewed at any customer service desk at our interchanges.

OFFICE USE ONLY Cash/Cheque/Postal Order Amount Address proof? Yes No Initials DOB proof? Initials Yes No Photograph Included? Yes Initials No **Disability proof?** Yes No Initials +Carer (MOB ONLY) Yes No Renew or Refer Initials Pass expiry (MOB ONLY) Date



travelsouthyorkshire.com