



Mr / Mrs / Miss / Ms (delete as appropriate)

Surname .....

Forenames .....

Address .....

.....

.....

Post Code ..... Tel. No. ....

Date of Birth \_\_\_ / \_\_\_ / \_\_\_

**Do you have a concessionary travel card ?**

Yes  No

If you do **not** have a travel card you will need to get one before you use the Dial-a-Bus service, unless you are applying on a temporary basis. Cards can be obtained from Strathclyde Passenger Transport Travel Card Unit, Tel. 0141 333 3211, visit [www.spt.co.uk](http://www.spt.co.uk)

If you **do** have a travel card -

What is the card number ?

What category is it ? Elderly  Disabled  Blind

Is your card a companion card ? Yes  No

Are you applying for a temporary place on the bus due to unforeseen circumstances ? (Temporary cards last for 4 months) Yes  No

**Please tick all those that apply:**

1. Are you unable or have great difficulty using public transport ? Yes  No

2. Do you receive any of these Department of Social Security Allowances ?

• Attendance allowance Yes  No

• Disability living allowance mobility component (higher rate) Yes  No

• War pensioners mobility supplement Yes  No

3. Are you registered blind ? Yes  No

**Dial-a-Bus Application Form**  
for people with mobility problems

[www.argyll-bute.gov.uk](http://www.argyll-bute.gov.uk)

4. Are you 80 years old or over ?                      Yes                       No
5. Do you have profound hearing difficulties ?      Yes                       No
6. Do you use a wheelchair ?                              Yes                       No
- If yes, is it      battery operated  or,      manually operated
7. Do you have a guide dog / hearing dog ?        Yes                       No
8. Do you use either of the following:
- walking stick       zimmer                       frame
9. Do you need to take an escort ?                      Yes                       No

**Please supply photocopies of any documents you have which verify items where you have ticked yes.**

What is the medical condition that makes you unable to use, or makes it very difficult for you to use public transport ?

.....  
.....  
.....

Doctor's Name .....

Doctor's Address .....

.....

Post Code .....                      Tel. No.....

Read the following carefully before signing:

**I declare that I am unable to use or have great difficulty using public transport. The answers that I have given are a true statement of my circumstances and I consent to further information being sought from my doctor or hospital consultant or to undergo a medical examination should this be considered necessary.**

Applicant's signature.....                      Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please send your application form together with two passport photographs and photocopies of supporting documents to the address shown below**

Dial-a-Bus is subject to the provisions of the Data Protection Act and all data held is subject to the Code of Practice.