



Cowal Dial-a-Bus Application Form

www.argyll-bute.gov.uk

for people with mobility problems

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

Surname

Forenames

Address

.....

.....

Post Code Tel. No.

Date of Birth __ __ / __ __ / __ __

Do you have a National Entitlement Card?

Yes No

If you do **not** have a National Entitlement Card (NEC) you will need to get one before you use the Dial-a-Bus service, unless you are applying on a temporary basis. Application forms for the NEC can be obtained from your local Post Office. If you have any queries regarding the NEC contact the Strathclyde Passenger Transport Travel Card Unit, Tel. 0141 333 3211, or visit www.spt.co.uk

If you **do** have a National Entitlement 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



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- 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 one passport photograph 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.