

**LONDON BOROUGH OF HARROW
CONCESSIONARY TRAVEL APPLICATION FORM**

Please tick the concession you are applying for:

- Blue Badge (a £10 fee is payable if awarded)**
- Freedom Pass (Disability / Discretionary)**
- Taxicard**

PLEASE ATTACH
AT LEAST
2 PASSPORT SIZE
COLOUR
PHOTOGRAPHS

(DO NOT STAPLE)

Please use the Guidance Notes supplied to assist you in completing this form or should you have any further queries you can email ConcessionaryTravel@harrow.gov.uk

SECTION A: PERSONAL DETAILS

If you are completing this form on behalf of a child under 18 years of age please tick here

Please provide their details in the appropriate sections and sign the declaration on their behalf.

Surname: Title (Mr, Mrs, Miss, Ms):

Forename(s): Date of Birth (DD/MM/YEAR):

Address:
 Postcode

If you have moved within the last three years please provide your previous address here:

Gender: Male: Female:

Telephone Number: Home: Mobile:

E-mail Address:

National Insurance Number/ Child Registration Number

National Insurance Numbers start with two letters, followed by six numbers, then one letter
 Surname at birth (if different):

Town and Country of Birth:

	Name	Telephone No.	Relationship
Next of kin	<input style="width: 250px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>

Address:
 Postcode

CONFIRMATION OF ADDRESS

Please supply a **photocopy** of one of the following documents as proof that you live in Harrow dated within the last three months. If you are the named Council Tax Payer we will check against our records and there is no need to send this proof:

Utilities bill: Rent book: Council Tax Payer:
 DWP Letter (within the last 6 months) Other:

CONFIRMATION OF IDENTITY

Please supply a **photocopy** of one of the following to confirm your identity.

Birth Certificate/Adoption Certificate: Passport:
 Valid photographic driving licence: Other:

If you are unable to provide any of these documents, please provide two further documents under the proof of address section (three in total).

TRANSPORT SERVICES

We would like to know what other assisted transport you have available to you. Please indicate whether or not you have any of the following.

Older Persons Freedom Pass Yes Pass No. No
Disabled Persons Freedom Pass Yes Pass No. No
Blue Badge parking scheme Yes Expiry date No
 If yes, please include: Badge Number
Taxicard Yes Pass No. No
Mayors 60+ pass Yes Pass No. No

OTHER SUPPORT

Disability Living Allowance Care: High Medium Low

Disability Living Allowance Mobility: High Medium Low

Personal Independence Payment (PIPS):

Do you receive 8 points or more under the **'Moving Around'** category (BB DFP TC) Yes No

Do you receive 8 points or more under the **'Communicating Verbally'** category (DFP) Yes No

Do you receive 10 Points under the **'Planning and Following a Journey'** category with **descriptor 'E'** (BB) Yes No

Please enclose a **Photocopy** of your letter of entitlement issued within the last twelve months and valid for at least 6 months from the date of application. If you selected 'Yes' to higher rate mobility component of DLA or a qualifying PIP benefit for your scheme, and have included appropriate evidence, go straight to the declaration on page 20.

SECTION B: ELIGIBILITY CRITERIA

1.a Registered Severely Sight Impaired/Blind (Blue Badge, Disabled Freedom Pass & Taxicard)

Are you registered as severely sight impaired (blind) under the National Assistance Act 1948?

Yes No

1.b Registered Sight Impaired/Partially Sighted (Disabled Freedom Pass)

Are you registered as sight impaired (Partially Sighted)?

Yes No

If yes, please provide the relevant proof. The formal notification required to register as severely sight impaired (blind) is a Certificate of Visible Impairment (CVI), signed by a Consultant Ophthalmologist.

2. War Pensioners' Mobility Supplement (Blue Badge, Disabled Freedom Pass & Taxicard)

Do you receive War Pensioners' Mobility Supplement?

Yes No

If YES, please provide recent evidence (e.g. an official letter from the Service Personnel and Veterans Agency confirming award of War Pensioners' Mobility Supplement).

3. Armed Forces and Reserve Forces (Compensation) Scheme (Blue Badge only)

Do you receive a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1 – 8 (inclusive) and have been certified by the SPVA as having a permanent and substantial disability which causes inability to walk or very considerable difficulty walking?

Yes No

If YES, please provide a letter from the Service Personnel and Veterans Agency confirming the level of your award and also confirming that you have been assessed as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.

4. Registered Deaf (Disabled Freedom Pass only)

Are you registered as deaf?

Yes No

If yes, please provide information about your deafness. i.e. registration of hearing impairment. Please provide an audiology report.

5. Difficulty Communicating by Speech (Disabled Freedom Pass only)

Do you have difficulty communicating by speech?

Yes No

Please tick the boxes that apply to you:

I am unable to speak

I use Sign Language

I use BSL

I use Portage

Other (Please give details)

If yes, please provide recent evidence. Such as proof of use of sign language, medical report confirming severe speech impairment or proof of severe learning disability.

6. Learning Disability (Disabled Freedom Pass only)

Do you have a learning disability? Yes No

I go to, or have been to, a special school or college for people with learning disability

I am in a residential home for people with learning disability

I have an educational statement identifying severe, moderate or mild learning disability

Yes Number of hours

Please tell us your Social Workers name and contact details, if you have one:

----- Postcode: -----

If yes, please provide recent evidence such as receipt of DLA for care at the middle or higher rate, evidence of supported living or evidence from a support worker.

7. Severe Mental Health Problems (Disabled Freedom Pass only)

Do you have severe mental health problems? Yes No

How long have you been suffering from mental ill health? Years Months

Have you had any contact with a psychiatric department?

Yes If yes, please give details below No

Name of consultant: -----

Name and address of unit: -----

----- Postcode: -----

If yes, please provide recent evidence to support your application in the form of a letter/ report from your consultant confirming your condition.

8. Permanently Unable to Hold a Driving Licence (Disabled Freedom Pass only)

Do you have a permanent inability to hold a Driving Licence on the grounds of medical fitness (other than through persistent misuse of drugs or alcohol)?

Yes No

Have you been refused a Driving Licence for reasons other than persistent misuse of drugs or alcohol?

Yes If yes, you must enclose current evidence from the DVLA such as a refusal letter or a letter confirming the withdrawal of your Driving Licence. If the DVLA letter does not state the medical reason for refusal or withdrawal you will also need to provide separate written evidence of the reason from a GP or healthcare consultant.

No I have not been refused a Driving Licence, but I am considered medically unfit to drive due to one of the following conditions:

Epilepsy Severe mental disorder

Liability to sudden attacks of giddiness or fainting

Inability to read a registration plate in good light at 20.5m (with lenses if worn)

Other disabilities that are likely to cause the driving of vehicles by you to be a source of danger to the public

If you have not enclosed evidence from the DVLA you must provide a Consultant's report in support of the above conditions that includes confirmation that you do not meet DVLA requirements to hold a driving licence.

Please note that Harrow Council may check responses to this question with the DVLA.

If you are applying for a Disabled Freedom Pass and you answered YES to any one of questions 1a, 2, 4, 5, 6, 7 or 8 please go straight to the declaration at section D.

If you are applying for a Taxicard and you answered YES to any one of questions 1a or 2 please go straight to the declaration at section D.

If you are applying for a Blue Badge and you answered YES to any one of questions 1a, 2, or 3 please go straight to the declaration at section D.

If you answered NO to all the questions in Section B, or NO to the question relevant to the concession you are applying for, please now complete Section C.

SECTION C: ELIGIBILITY SUBJECT TO FURTHER ASSESSMENT

1. HEALTH AND MOBILITY

Please complete this section if you are applying under the 'unable to work criteria'.

Please tick whichever of the following statements best describes your general walking ability:

- I am able to walk well, including recreational walks.
- I am able to walk around the supermarket to do my own shopping.
- I am able to walk and can use public transport for some of my local trips.
- I am able to walk, but struggle with longer distances or hills.
- I am able to walk but get breathless if I walk for more than a few minutes.
- I am able to walk but find it too painful to walk for more than a few minutes.
- I am able to walk but use a wheelchair for longer trips outside the home.
- I am able to walk around my home but am unable to climb the stairs.
- I am unable to walk at all.
- Other - please describe below.

Are you able to walk outside without help?

Yes

No

(please describe the help you need in the space below)

Where, in your local area, can you comfortably walk to from your home?
(Please state a specific location or landmark which could be found on a map, e.g. a shop, street address or park).

Please tick the box that best describes the way you walk:

- Normal - no specific problems with walking.
- Adequate - for example, you walk with a slight limp.
- Poor - for example, you walk with a heavy limp, a stiff leg or shuffle, or have problems with balance.
- Extremely poor - for example, you drag your leg, stagger, swing through two crutches or need physical support.

If there is not a box that describes the way you walk, please tell us in your own words about the way you walk in the space provided below:

Please tell us about any walking aids and mobility equipment you use?
(Please tick ALL the options which apply to you - you can tick more than one box).

- | | |
|--|--|
| <input type="checkbox"/> Elbow crutch(es) | <input type="checkbox"/> Walking stick (please state 1 or 2) |
| <input type="checkbox"/> Walking frame | <input type="checkbox"/> Rollator |
| <input type="checkbox"/> I use a Manual wheelchair | |
| <input type="checkbox"/> I use a Powered/Electric wheelchair (please state manufacturer & model) | |
| <input type="checkbox"/> I need someone to push my wheelchair | |
| <input type="checkbox"/> My wheelchair has leg extensions | |
| <input type="checkbox"/> I am able to transfer to a seat when travelling | |

Other (please describe in the space below).

I use the equipment ticked above:

Sometimes: Always: Indoors: Outdoors:

Were your walking aids... (Please tick whichever options apply to you).

- Purchased privately by me
- Prescribed by a healthcare professional
- Provided by Social Services
- Other (please describe below)

How far would you estimate you are able to walk, using any walking aids, before you are prevented from continuing due to severe discomfort?

(Please state the distance in metres or yards using whichever measure is best for

you). metres yards

As a guide:

- The average adult step is less than 1 metre, which is 1.1 yards or 3 feet and 4 inches.
- If you walk alongside someone and they take 100 steps you would have walked roughly 90 metres, or 100 yards.
- The average double decker bus is about 11 metres, or 12 yards long.
- A tennis court is about 24 metres, or 26 yards long.
- A full-size football pitch is about 100 metres, or 110 yards, long

Roughly how much time would you estimate it takes you to walk this distance?

minutes

If you continue, roughly how long (in minutes) are you able to walk for in total?

minutes

Please answer 'Yes' or 'No' to each of the following questions by ticking the relevant box:

Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

Yes No

Do you get short of breath walking with other people of your own age on level ground?

Yes No

Do you have to stop for breath when walking at your own pace on level ground?

Yes No

Do you get too breathless to leave your home, or after dressing?

Yes No

Is there anything else you would like to add that you think is relevant in support of your application?

Stairs

Please answer 'Yes' or 'No' to each of the following questions by ticking the relevant box:

Use of stairs: Do you have internal stairs at home? Yes No

Do you have steps to your home? Yes No

Do you have a lift? Yes No

Please indicate the level of difficulty you have in using stairs.

Not Difficult Quite Difficult Very Difficult Unable to Climb Stairs

How many internal stairs do you have?

Balance Problems/ Dizzy Spells

Do you have balance problems? Yes No

Have you had any recent falls? Yes No

If yes, when was the last time you fell:

How many times have you fallen in the last 12 months:

Please tell us about your last fall:

Please describe:

Any medical conditions / disabilities which affect your walking.

If you know them, please state the medical terms for the condition you have been diagnosed with.

Please describe:

Any surgery or courses of treatment you have undergone or specialist clinics you have attended in relation to each medical condition / disability you have mentioned.

Please state when you underwent any relevant surgery or treatment or attended specialist clinics.

What medication do you currently take in relation to the conditions / disabilities you described above?

Are you currently taking any pain relief in relation to the medical conditions / disabilities you mentioned above?

Yes No

If Yes, please explain what you are taking and how frequently you need it:

Are you currently...

(Please tick whichever statements apply to you and provide further details in the space below).

- Awaiting surgery in relation to the conditions / disabilities described above?
- Recuperating from surgery in relation to the conditions / disabilities described above?
- Awaiting treatment for any of the conditions / disabilities described above?
- Managing your condition / disability since you have been advised it is not expected to improve any further?
- None of the above.

Do you anticipate that your conditions/ disabilities will improve in the next 3 years? (Tick as appropriate).

Yes No

2. SEVERELY DISABLED IN BOTH ARMS

Do you satisfy **ALL** of the following?

Drive regularly

Yes

No

Have a severe disability in both arms

Yes

No

Unable to operate or have considerable difficulty in operating all or some types of parking meter

Yes

No

If you drive an adapted car, please give details of adaptation:

Please explain the difficulties you have operating parking meters and pay and display machines:

3. IF APPLYING ON BEHALF OF A CHILD AGED UNDER THREE YEARS

Does the child have a condition requiring transportation of bulky medical equipment at all times?

Yes

No

If YES, what type of equipment?

And/Or:

Does the child have a condition that requires that they must be kept near a motor vehicle at all times in order to be treated for that condition in the vehicle, or to allow the child to be taken immediately to a place where they can be treated?

Yes

No

Please describe the child's medical condition:

Please provide a supporting letter from your child's paediatrician giving details of the child's medical condition and the type of medical equipment they need, or provide contact details below:

INFORMATION FROM YOUR HEALTH CARE PROFESSIONAL

The London Borough of Harrow may ask you to be assessed by a mobility assessor such as a physiotherapist/occupational therapist.

We may ask you for confirmation of the information you have provided, or for further information, from a suitably qualified health care professional who has treated you in relation to your disability. This could be, for example, a hospital doctor or consultant, a district or specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, audiologist. Please provide details below of one or more qualified health care professionals who have treated you.

Their name: Their profession or specialist area:

The address where you see them:

Their telephone number (including the dialling code)

Your hospital record number, if known:

Their name: Their profession or specialist area:

The address where you see them:

Their telephone number (including the dialling code)

Your hospital record number, if known:

4. ACTIVITIES OF DAILY LIVING

Carer provided by Social Services

Do you have a Carer provided by Social Services who assists with personal care, e.g. assistance with washing and/or dressing?

Yes No

If yes, how often

Do you receive direct payments for care?

Yes No

If yes, what help do you buy?

Housework Laundry Collect Pension Shopping

Help from Family & Friends

Do you have any help from family or friends?

Yes No

If yes, what do they assist with and how often

Only tell us about things you cannot do yourself or have serious difficulty with.

	Occasionally	1/wk	How Many Times a week	Who does this for you?
Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 150px; height: 20px;" type="text"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 150px; height: 20px;" type="text"/>
Collect Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 150px; height: 20px;" type="text"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 150px; height: 20px;" type="text"/>
Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 150px; height: 20px;" type="text"/>

Please describe the personal care you receive

Other Services:

Attendance Allowance High Low

Do you receive Meals-on-Wheels? Yes No

Does the District Nurse visit? Yes No

If so, please tell us how often and why?

5. SPECIALIST EQUIPMENT

Have you had an Occupational Therapy Assessment?

Yes

No

If so, were you provided with any equipment?

Yes

No

If yes, please give details:

Commode

Bath Lift

Bath Board

Toilet Frame

Bed Rail

Hoist

Shower

Chair

Stairlift

Chair Raiser

Ramp

Other (Please specify):

6. TRAVEL & TRANSPORT

I am a driver

Yes

No

I rarely use public transport as I am a driver

Which of the following describes your use of public transport:

	Weekly	Monthly	For Hospital appointments	Local Trips only	Do not use	Unable to use
Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have indicated that you are unable to use public transport please tell us why

If you are applying for, or renewing, a Blue Badge, will you be a driver or a passenger in a car when using the badge?

Driver

Passenger

Both

Please provide vehicle registration number/s for the principal cars in which the Blue Badge will be used:

Other vehicles may be used and the Blue Badge transferred when necessary.

SECTION D: HIDDEN DISABILITIES

Applicants applying under the further assessment criteria will need to be able to demonstrate through existing evidence or have been certified* by an expert assessor, as having an enduring and substantial disability which causes them, during the course of a journey, to:

- Be unable to walk;
- Experience very considerable difficulty whilst walking, which may include very considerable psychological distress; or
- Be at risk of serious harm when walking; or pose, when walking, a risk of serious harm to any other person.

You will need to show that, as a result of their enduring and substantial disability, you are unable to walk very far without experiencing severe difficulty; and that your inability to walk is affected to such an extent that you would be unable to access goods and services unless allowed to park close to shops, public buildings and other facilities.

Please indicate the descriptors which best represent your difficulties / level of ability. Please tick all that apply within each section.

How would you best describe your ability to communicate verbally with others during a journey? Please indicate the frequency of any difficulties.

- I can communicate well and without difficulty.
- I sometimes struggle to understand direct questions and can have difficulty responding appropriately to prompts and questions.
 Rarely Occasionally More often than not All the time
- I often have great difficulty understanding / following verbal instructions / requests.
 Rarely Occasionally More often than not All the time
- I am unable to communicate verbally or follow requests / commands / prompts.
 Rarely Occasionally More often than not All the time

Please provide details of any difficulties you have and any coping strategies you use to help mitigate their impact. At the end of this form you will be asked to provide evidence that supports your application

How would you best describe your hazard awareness when undertaking a journey? Please indicate the frequency of any difficulties.

- I have no issues and can follow a journey safely on my own.
- I can complete familiar journeys safely but can have difficulty coping with unfamiliar journeys or unexpected changes.
 Rarely Occasionally More often than not All the time
- I need assistance from others when planning and following any journey to do so safely and can have difficulty responding appropriately to hazards.
 Rarely Occasionally More often than not All the time
- I need constant supervision from others during all journeys and am unable to recognise or respond to hazards when travelling.
 Rarely Occasionally More often than not All the time

Please provide details of any difficulties you have and any coping strategies you use to help mitigate their impact. At the end of this form you will be asked to provide evidence that supports your application

How would you best describe any difficulties with mood or behaviour when travelling? Please indicate the frequency of any difficulties.

- I have no difficulties or mild difficulties which I have appropriate coping strategies for
- I can have some difficulties with anxiety, hypervigilance or panic but am able to recover / have reasonable coping strategies in place.
 Rarely Occasionally More often than not All the time
- I can have severe difficulty with anxiety, hypervigilance, panic or psychological distress and can struggle to recover when this occurs.
 Rarely Occasionally More often than not All the time

- I have difficulty with severe anxiety, fear or frustration when undertaking journeys which can be overwhelming, and I am often unable to control my behaviour during these episodes.

Rarely Occasionally More often than not All the time

- I can have episodes of mania, paranoia or hallucinations when in public spaces and it is difficult / impossible to control my behaviour when this occurs.

Rarely Occasionally More often than not All the time

- I need the support and/or supervision of another person when travelling to avoid putting myself or others at risk.

Rarely Occasionally More often than not All the time

Please provide details of any difficulties you have and any coping strategies you use to help mitigate their impact. At the end of this form you will be asked to provide evidence that supports your application

How would you best describe your ability to travel independently? Please indicate the frequency of any difficulties.

- I can travel independently without issue.

- I am usually able to manage familiar / local journeys independently but can require assistance to travel in a new / unfamiliar area.

Rarely Occasionally More often than not All the time

- I require some assistance for any journey due to difficulty following / remembering a route / ensuring safety when the crossing road etc.

Rarely Occasionally More often than not All the time

- I require high levels of assistance at all times when travelling and am unable travel at all if too overwhelmed / distressed to travel safely.

Rarely Occasionally More often than not All the time

Please provide details of any difficulties you have and any coping strategies you use to help mitigate their impact. At the end of this form you will be asked to provide evidence that supports your application

Please provide any additional information about your conditions or their impact on your ability to make journeys.

- a) Please detail clearly the benefit you will get from being able to park close to your destination and how this reduces the dangers and stress of undertaking a journey.

- b) Please explain how you accesses goods and services at present.

- c) If the applicant is under 18, please detail how the applicant is in more danger or more stress compared to another person of their age.

You will need to provide evidence from suitable healthcare professional(s) to support your application. The evidence must confirm your condition and how it affects your ability to make journeys. Evidence that only confirms your diagnosis or states that the healthcare professional supports your application without further detail will not be sufficient to award the blue badge.

Please list the medical evidence included in support of your application:

7. OTHER TRANSPORT

Please tick which of the following transport services you use:

Community Transport Services Dial-a-Ride Scooter

Social Services Transport to Day Centre Hospital Transport

Please explain why you are applying for assistance with travel. Please tell us about any help you need from others.

Please use additional paper if you wish.

8. OTHER INFORMATION

Please tell us anything else about your disability, which you feel it would be helpful for us to know.

Please use additional paper if you wish.

Your Ethnicity - This section is optional and you do not have to fill this in

White – British White – Irish White - Other

Mixed - White & Black Caribbean Mixed - White & Black African

Mixed - White & Asian Mixed - Other

Asian - Indian Asian - Pakistani Asian - Bangladeshi

Asian - Other

Black - Caribbean Black - African Black - Other

Chinese - Chinese

Other

SECTION E: DECLARATION (TO BE COMPLETED BY ALL APPLICANTS)

I declare that, to the best of my knowledge, all the information I have provided is correct. I understand that I must promptly inform Harrow Council of any changes that may affect my entitlement to a pass or badge.

I agree to Harrow Council and/or Harrow appointed mobility assessor contractor contacting an accredited health professional if necessary, for the purpose of obtaining information to support my application.

I agree to Harrow Council sharing information in this form with other departments in Harrow Council and other local authorities responsible for the Blue Badge, Taxicard and Freedom Pass schemes and with parking enforcement agencies for the purpose of preventing and detecting crime.

I confirm that I am a permanent resident of Harrow Council.

Data Protection Act 1998

I understand that the information supplied by me on this form will be maintained by the local authority and will not be disclosed to any other party save those who are responsible for the enforcement of parking restrictions, those responsible for discounts for congestion charging or otherwise as the law allows.

I further understand that the medical information I have supplied to support this application is deemed to be 'sensitive personal data' and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Blue Badge, Taxicard and Freedom Pass schemes and other Government Departments or agencies, to validate proof of entitlement.

The Council is under a duty to protect the public funds it administers and to this end we may use the information you have provided for data matching purposes for the prevention and detection of fraud.

Date:

Name:

Signature:

If you are applying on behalf of a child under 18 years of age or an applicant who cannot sign please sign on their behalf and write your name below.

Name and Relationship of representative

Please note that concessionary travel passes and the Blue Badge cannot be issued if this box is not signed.

CHECKLIST

Please ensure that the following sections are fully completed.

- Section A
- Section B
- Section C (if applicable)
- Section D
- Section E Declaration (including signing the dotted box)

Please enclose all the relevant documents with the full PIP award letter.

- I have enclosed:
- Confirmation of address (unless Council Tax Payer)
 - Confirmation of identity
 - Evidence of Disability Living Allowance, Attendance Allowance, War Pensioners' Mobility Supplement or Armed Forces and Reserve Forces (Compensation) Scheme (if applicable)
 - Evidence in support of your response in **Section B** (if applicable)
 - Certificate of sight impairment
 - Letter from paediatrician in connection to application for children under three (if applicable)
 - 2 passport sized photographs of yourself (or the person applying for a concession if you are applying on their behalf) with your name, signature and date on the back of each one.

Please note if you are applying for more than one concession you will need to enclose 2 passport sized photographs for each concession.

Please return this form, together with all the relevant documents, to:

Harrow Concessionary Travel
Access Harrow
Civic Centre, Station Road
Harrow, HA1 2XY
0208 901 2680

FOR OFFICE USE ONLY - Please do not complete this section

Proofs seen: Officer Initial: Date: | |