

London Borough of Harrow  
Concessionary Travel  
Appeals Form



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

1. If your circumstances have changed and you are now automatically eligible for a concessionary pass please tick one of the following and provide the relevant proof:

I am in receipt of the higher rate mobility component of the Disability Living Allowance/PIP Moving around score of 8 or more/PIP Planning and following journeys score of 10 **with Descriptor E: *Cannot undertake any journey because it would cause overwhelming psychological distress***

Yes:

No:

I am registered Severely Sight Impaired/Blind (or Sight Impaired/Partially Sighted\*)

*\*if applying only for a Disabled Freedom Pass*

Yes:

No:

I am in receipt of the War Pensions Mobility supplement or the Armed Forces Compensation Scheme

Yes:

No:

If you tick yes to any of the above you do not need to complete parts 2 to 5 of this form but please sign the declaration at the bottom of the second page overleaf.

2. Please provide any additional information that you did not supply on your original application regarding your disability, mobility or non-visible disability needs. It is important to tell us how far you can walk or what difficulties you have when walking.

*Please use separate sheets if necessary*

**3.** If you receive any type of personal care or other assistance please provide details of this and how often this is received:

*Please use separate sheets if necessary*

**4.** To support your application we may need some written proof from a healthcare professional that you have the mobility or non-visible problems as described on your application form. Please forward:

- Any additional documents related to your medical condition/history which may support your application.
- If you take medication, a copy of a prescription for any medication you take.
- Confirmation of your medical condition or a print-out of your medical history from your GP or consultant:

**5.** Please provide contact details of a health care professional, consultant or support worker who is able to verify the details you have provided.

*Please use separate sheets if necessary*

**DECLARATION** - Please sign and date below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this appeal form and any additional evidence to the address below.** If you have any queries regarding the completion of this form please contact us on: **Tel: 01223 229 091**

**Address:** Harrow Appeals, Access Independent, 17D Sturton Street, Cambridge, CB1 2SN.

**Please note that the appeal process may take up to 3-4 weeks from the receipt of the appeal form/medical evidence.**