Form 3E

Without Use Of Arms Disability
Evidence Form

West Berkshire Council
Concessionary Fares Team
Council Offices, Market Street,
Newbury, RG14 5LD
Telephone No: 01635 519394
email: transport@westberks.gov.uk
www.westberks.gov.uk/concessionaryfares

Privacy Notice: To find out how we use the data you give us on this form visit https://info.westberks.gov.uk/privacynotices

To be filled in by applicant

Declaration of authority. I authorise the consultant / specialist (shown below) to disclose to West Berkshire Council the information requested in this form. Please PRINT details.

Name | Date of birth

Address | Tel. no.

Email

Postcode

Signed | Date

To be filled in by a qualified medical practitioner

Dear Consultant or Specialist,

The person mentioned above has applied to us for a travel concession on the basis of being **without the use of both arms.**

The Transport Act 2000 defines this as "does not have both arms or has long-term loss of the use of both arms". This is clarified in more detail in the options below.

Please tick the box(es) that apply to this person.

- ☐ They have had amputation of both arms.
- ☐ They have a congenital absence of both arms.
- ☐ They have deformity of both arms.
- ☐ They have one or both arms but are unable to use any to carry out day to day tasks (e.g. paying coins into a fare machine).
- ☐ They have muscular dystrophy, spinal cord injury, motor neurone disease or a condition of comparable severity.

OR

- ☐ I am unable to confirm that any of the above options apply to this person.

☐ **Please tick this box** if this is a permanent disability, which has a substantial effect on the above person's ability to carry out normal day-to-day activities.

Name

Position

Address

GMC No. | Tel:

Signed | Date

On completion please return the form to the applicant

OFFICIAL CLINIC / HOSPITAL STAMP HERE

Once completed, the applicant should submit this Evidence Form, along with the Concessionary Bus Pass Application Form, proof of residence, and date of birth and photograph.