

# MOBILITY NOTTINGHAM CITY COUNCIL CARD APPLICATION

Please complete using CAPITAL letters and in black ink

First Name

Surname

Date of Birth (DD/MM/YYYY)

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Telephone

Address

Postcode

National Insurance Number

Email address

You must provide one of the following from the list below as proof of your name and age (please tick which one you are providing)

Letter of pension entitlement

Current Passport

Driving Licence

Medical Card

Marriage Certificate

Birth Certificate (unless name has changed)

You must provide one of the following from the list below as proof of your address (please tick which one you are providing)

Current TV licence

Current Housing Association rent book

Current Council Tax bill/letter/payment book

*The items below must be dated in the last 3 months*

Residential Utility Bill

Department of Work and Pensions letter /PIP

Residential Bank/building Society statement

I wish to apply for a Mobility Card under the following criteria:

- |   |   |
|---|---|
| <input type="checkbox"/> Blind or partially sighted   | <input type="checkbox"/> No arms or long term lose of the use of both arms  |
| <input type="checkbox"/> Profundly or severely deaf - hearing loss reaches 70 dBHL minimum. Attached audiology report where available | <input type="checkbox"/> A learning disability, that is, a state of arrested or incomplete development of mind, which includes significant impairment of intelligence and social functioning - qualifies for special services or may have had special education |
| <input type="checkbox"/> Without speech in any language - people whose speech may be slow or difficult to understand DO NOT QUALIFY   |   |
| <input type="checkbox"/> A disability or an injury, which has a substantial long term adverse effect on the ability to walk           | <input type="checkbox"/> Would, if applied for, not be granted a motor vehicle licence under Part III of Road Traffic Act 1998, section 92 (other than on the grounds of persistent misuse of drugs or alcohol)   |

Please give details of the disability using CAPITAL letters if completed by hand

I wish to apply for a companion to travel with me for free. I am applying under the following criteria:

- I am visually impaired and I am registered blind or partially sighted with Nottingham City Council's Adult Sensory Team
- I need to use a wheelchair at all times (both indoors and outdoors)
- I have a learning disability that prevents me from travelling alone. I am under the care of Nottingham City Council's Adult Learning Disability Team

Information included in the application will be shared with an independent medical panel if a referral for assessment is required. Data provided may be shared with relevant bodies of Nottingham City Council to determine eligibility.

From time to time we would like to send you information about your Senior Card.

- I do wish to receive information from Nottingham City Council or its partners

How would you like us to get in touch with you? (please tick all that apply)

- Post
- email

I have a qualifying disability and I am a permanent resident of Nottingham City.  
I accept the conditions of the Concessionary Scheme. I understand that the provision of any false information as part of this application may render me liable to prosecution and that the pass remains the property of Nottingham City Council.

Signature

Date ( DD/MM/YY)

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