

## SCOTLAND-WIDE FREE BUS TRAVEL FOR OLDER AND DISABLED PEOPLE CERTIFICATE OF ELIGIBILITY - EPILEPSY



Transport Scotland operates Scotland-Wide Free Bus Travel for older and disabled people. Anyone with epilepsy who has had a seizure within the past 12 months and:

 does not hold a current driving licence (licence revoked or surrendered on medical grounds)

OR

has never had a driving licence

AND

· would be refused a driving licence on medical grounds if they applied for one

may be eligible to apply.

If you would like to apply for a National Entitlement Card to access free bus travel, please fill in **section A** of this form and ask your **Hospital Consultant, Epilepsy Specialist Nurse or GP** to fill in **section B** (overleaf). Once the form is completed, take it in person to your local authority or local concessionary travel office.

If you do not currently have a National Entitlement Card you also need to fill in an NCT001 form. If this is to renew your Card, there is no need for you to fill in an NCT001 form.

| Section A(to be completed by      | y applicant )   |
|-----------------------------------|---|
| Name (Mr / Mrs / Miss / Ms / Ot   | ther)   |
| Address                           |   |
|                                   |   |
| Postcode                          | Date of birth   |
| Declaration: I do not currently h | hold a driving licence and I am not banned from driving. If I a     |
| iven a National Entitlement Card  | rd and then apply for and receive a driving licence I will notify m |
| ocal authority / local concession | nary travel office immediately and give up my right to free bu      |
| ravel across Scotland. If I have  | e given false information on this form my entitlement to free bu    |
| ravel will be taken away.         |   |
| Signature                         | Date  |

Transport Scotland - NCT003
Updated December 2010

## **FOR OFFICIAL USE ONLY**

<u>Section B ( must be completed by the applicant's Hospital Consultant, Epilepsy Specialist Nurse or GP )</u>

| Applicant nameDate of birth   |
|---|
| Please read the statements below and sign the declaration if you agree with <u>ALL THREE</u> statements. Please also ensure that the certificate is stamped before you return it to the applicant. Do not complete if the applicant does not meet all of the criteria below.  |
| I confirm the following:  |
| The applicant named overleaf has epilepsy and receives regular treatment.      AND  |
| <ul> <li>The applicant named overleaf has had a seizure in the past 12 months.</li> </ul> AND   |
| <ul> <li>If the applicant named overleaf were to apply for a licence to drive a motor vehicle under<br/>Part 3 of the Road Traffic Act 1988, they would have their licence application refused in<br/>accordance with section 92 of that Act (physical fitness) but not on the grounds of<br/>persistent misuse of drugs or alcohol.</li> </ul> |
| Please use this space for any other relevant information  |
|   |
| NameSignature   |
| PositionDate  |
| This must be stamped with your official hospital / departmental stamp.  |