

## **Application Form**

Concessionary Bus Pass Scheme for Residents  
with a prescribed Long-Term Disability.

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# Application Form

## Concessionary Bus Pass Scheme for Residents with a prescribed Long-Term Disability.

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The AvanchiAccess pass provides free travel on all LibertyBus services in Jersey to anyone:

- Who has a disability which meets the qualifying criteria in Part 3 of the form; and
- Is aged 5 or above but who is not entitled to an older person's concessionary pass; and
- Is ordinarily resident in Jersey, with a qualifying period of residency of five years.

Applicants must demonstrate that they have a prescribed Long-Term disability and will require confirmation or evidence from an authorised person to support the application. Details of those authorised to confirm evidence against the criteria can be found in part 6. There is a £15 charge for each card issued.

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This application form consists of the following sections which should be completed in full using BLOCK CAPITALS in black ink:

- Part 1 Your personal details**
- Part 2 Your residential status**
- Part 3 Eligibility criteria**
- Part 4 Declaration** confirming all details provided are correct
- Part 5 Certification by authorised signatory**
- Part 6 Criteria and evidence**



Information about submitting your form, information for authorised signatories and contact details can be found on pages 9 and 10 of this application form.

## Part 1 Your personal details

Here you will need to enter your personal details. To support this, you will need to provide:

- Proof of your identity** (e.g. Passport, other photo identification or a recent passport photo endorsed as a 'true likeness' by the authorised signatory who signs this form).
- A passport sized photograph** (LibertyBus can take your photo at the bus station if required).

Title:  e.g. Mr Mrs Miss Dr

Surname:

Forename:

Address:

Postcode

Date of birth:  DD  MM  YY

Telephone:

Mobile:

Email:

## Part 2 Your residential status

Here you will need to confirm that you are ordinarily resident in Jersey and you have lived in Jersey for at least 5 years in the past. To support this you will need to provide:

- A valid 'entitled' or 'entitled for work' Government of Jersey Registration Card.**  
(or if you are under 16, that of your parent or guardian).

I confirm that I am ordinarily resident in Jersey and have lived in Jersey for at least 5 years prior to making this application.  (tick box)

If you do not have a Government of Jersey Registration Card, these can be obtained from the Social Security Department Tel: 01534 445505 email: [populationoffice@gov.je](mailto:populationoffice@gov.je)

## Part ③ Eligibility criteria

This sets out the criteria that you must meet for you to be eligible for the AvanchiAccess pass. You will need someone to confirm that you meet these criteria. Details of those authorised to do this can be found in part 6.

Generally, this will be someone who can confirm your condition which could be your Doctor, Consultant, Audiologist, Optician, Care Manager or a Parish Hall official if you have had your licence withdrawn on medical grounds.

If you are in receipt of the benefits identified in CP3, you can simply obtain a copy of your award letter from the Social Security Department as evidence.

**To be eligible you must have a permanent or Long-Term (at least 18 months) disability and must provide evidence against one of the following criteria:**

Ref	Criteria
CP1	Sight impaired and severely sight impaired, such that the condition prevents you from driving.
CP2	Severely or profoundly deaf, to the extent that the condition prevents you from driving.
CP3	Being in receipt of mobility component and/or long-term care benefit and/or personal care level 3.
CP4	Mental health issues to a degree that prevents you from driving.
CP5	A learning disability to a degree that prevents you from driving.
CP6	Progressive degenerative condition, which prevents you from driving.
CP7	You would be refused a licence to drive or licence has been withdrawn based on medical grounds.
CP8	Walking difficulties to a degree that impacts your mobility and ability to drive.
CP9	Seizures causing loss of consciousness or altered consciousness (including epilepsy).

## Part 4 Declaration

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This is the declaration you must sign to confirm that you meet the criteria for the AvanchiAccess pass.

If you are below 16 or are unable to complete the form independently, your parent, guardian, agent or curator can sign the form on your behalf.

Growth, Housing and Environment may make checks to confirm the declaration you have made.

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I confirm that, to the best of my knowledge, all the information I have provided in this application is true and accurate.

I certify that I am ordinarily resident in Jersey at the address stated above and I have a Long-Term condition that meets one or more of the above criteria which prevent me from driving and thus I am entitled to the AvanchiAccess pass.

I authorise Growth, Housing and Environment to undertake checks to verify the evidence I have provided and understand that if this evidence is not in accordance with the requirements of the scheme, the AvanchiAccess pass will be cancelled.

### Signed by the Applicant

Signature:  Date: 

DD	MM	YY
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### Signed on behalf of the applicant:

(if below 16 or unable to complete the form independently)

Signature:

Relationship to applicant:

Authority to sign:

## Part **5** Certification by authorised signatory

**IMPORTANT Please read the authorised signatory information on page 10 before signing**

This is where you will need to ask your authorised signatory to sign to confirm that they agree you are eligible for the AvanchiAccess pass.

This may require you to make an appointment with the most appropriate person to support your application.

I confirm that the above applicant, as declared on their application form, meets one of the criteria set out in Part 3 and is eligible for a concessionary bus pass for residents with a prescribed Long-Term disability.

Surname:  Forename:

Position:

Organisation:

Address:

Postcode

Telephone:  Mobile:

Email:

Signature:  Date:  DD  MM  YY

**OR** I am providing a copy of my Social Security Award letter which confirms that I am eligible under criteria CP3.

Tick Box

## Submitting your completed application form

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Please make sure you bring with you:

- Completed form**
  - Proof of identity**
  - Proof of residency – Government of Jersey Registration Card**
  - Passport sized photograph**
  - Declaration signed by applicant or delegate**
  - Form signed by authorised signatory**  
**Or Award letter from Social Security Department**
  - £15 administration fee**
- 

Completed forms along with evidence should be taken to:

**LibertyBus Customer Service Team**

Liberation Station

St Helier

Jersey

JE1 3AS

Tel: 01534 828555

Email: [info@LibertyBus.je](mailto:info@LibertyBus.je)

### For office use only

- Proof of identity**
- Proof of residency**
- Award letter**
- Payment recieved**
- Card issued**

The information provided in this form will be recorded on a computer system subject to the provisions of the Data Protection (Jersey) Law 2018.

## Part 6 Criteria and evidence

### Concessionary Bus Pass Scheme for Residents with a prescribed Long-Term Disability.

Ref	Criteria	Evidence Requirement	Evidence Provided by
CP1	<b>Sight impaired and severely sight impaired, such that the condition prevents them from driving.</b>	<p>One of the evidence tests below should apply:</p> <ol style="list-style-type: none"> <li>1) A Certificate of Visual Impairment (CVI) from the Eye Clinic at the Jersey General or a UK Hospital; or</li> <li>2) An inability to read at a level of 6/12 Snellen or a visual acuity rating of 85 (with the aid of up to date glasses or contact lenses if worn) with both eyes open; or</li> <li>3) Binocular visual field abnormalities which render the individual unlawful to drive according to the prescribed criteria.</li> </ol>	<p>The form can be signed confirming this evidence by:</p> <ol style="list-style-type: none"> <li>1) General Practitioner (if evidence of sight loss held)</li> <li>2) Optometrist.</li> <li>3) EYECAN (if evidence held): the Welfare and Advocacy Worker or the Rehabilitation Officer (or their delegate).</li> <li>4) A consultant or Doctor at the Eye Clinic of the Jersey General Hospital.*</li> </ol> <p><i>*As part of a regular consultation/ appointment only, not for signing the form outside this arrangement.</i></p>
CP2	<b>Severely or profoundly deaf, to the extent that the condition prevents them from driving.</b>	<p>Both of the evidence tests below should apply:</p> <ol style="list-style-type: none"> <li>1) Bilateral hearing loss greater than 70dBHLs averaged over 0.25, 0.5, 1, 2 and 4KHz; and</li> <li>2) Confirmation that the above hearing loss prevents them from driving.</li> </ol>	<p>The form can be signed confirming this evidence by:</p> <ol style="list-style-type: none"> <li>1) Audiologist from the Jersey General Hospital Audiology Department.</li> <li>2) General Practitioner (if evidence of hearing loss held or seen).</li> </ol>
CP3	<b>In receipt of Mobility component and/or long-term care benefit and/or personal care level 3.</b>	Confirmation from the Social Security Department that the benefits are being paid through the issuing of the relevant Award Letter.	Social Security Department Income Support Impairment or Long-Term Care Team.

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Ref	Criteria	Evidence Requirement	Evidence Provided by
CP4	<b>Mental health issues to a degree that prevents them from driving.</b>	<p>All of the evidence tests below should apply:</p> <p>That the applicant:</p> <ol style="list-style-type: none"> <li>1) suffers from a mental health issue in the terms of the Mental Health (Jersey) Law 1969; and</li> <li>2) their ability to drive is impaired by their condition; and</li> <li>3) it is a long-term condition.</li> </ol>	<p>The form can be signed confirming this evidence by:</p> <ol style="list-style-type: none"> <li>1) General Practitioner.</li> <li>2) The applicant's Assigned Care Manager from the States of Jersey Community and Health Services. This can include Social Worker, Specialist Community Nurse, Registered Manager or Allied Health Professional.</li> <li>3) Specific roles at <b>Les Amis</b> (Managing Director /Operations Manager or Registered Manager) and <b>Autism Jersey</b> (Chief Operating Officer or Registered Manager), where professional evidence is held.</li> </ol>
CP5	<b>A learning disability to a degree that prevents them from driving.</b>	<p>Both of the evidence tests below should apply:</p> <p>That the applicant:</p> <ol style="list-style-type: none"> <li>1) has a learning disability; and</li> <li>2) this prevents the individual from driving.</li> </ol>	<p>The form can be signed confirming this evidence by:</p> <ol style="list-style-type: none"> <li>1) General Practitioner.</li> <li>2) The applicant's Assigned Care Manager from the States of Jersey Community and Health Services. This can include Social Worker, Specialist Community Nurse, Registered Manager or Allied Health Professional.</li> <li>3) Specific roles at <b>Les Amis</b> (Managing Director /Operations Manager or Registered Manager) and <b>Autism Jersey</b> (Chief Operating Officer), where professional evidence is held.</li> </ol>
CP6	<b>Progressive degenerative condition, which prevents them from driving.</b>	<p>Both of the evidence tests below should apply:</p> <ol style="list-style-type: none"> <li>1) That the applicant has a 'progressive degenerative' condition; and</li> <li>2) This condition prevents the individual from driving.</li> </ol>	<p>The form can be signed confirming this evidence by:</p> <ol style="list-style-type: none"> <li>1) General Practitioner.</li> <li>2) A Consultant or Doctor from the Jersey General Hospital.</li> </ol>

Continued

Ref	Criteria	Evidence Requirement	Evidence Provided by
CP7	<b>Would be refused a licence to drive or licence has been withdrawn based on medical grounds.</b>	Evidence is required to confirm that a driving licence has been withdrawn on medical grounds or that the individual has a condition which makes them unfit to drive.	The form can be signed confirming this evidence by: 1) General Practitioner (unfit to drive). 2) A Consultant or Doctor from the Jersey General Hospital (unfit to drive). 3) A Driving Licence Officer or Customer Services staff from the Parish of St Helier or Parish Secretary from other Parishes (confirm licence withdrawn).
CP8	<b>Walking difficulties to a degree that impacts mobility and ability to drive.</b>	The evidence tests below should apply: Confirmation that the applicant: 1) Cannot walk at all, or; 2) Cannot walk more than a few steps on level ground and/or up and down one stair without having to stop or feeling severe discomfort, even with the support of a handrail, or; 3) Cannot walk more than 50 metres on level ground and/or walk up and down a flight of 12 stairs without having to stop or feeling severe discomfort. AND confirmation that: 4) The above condition prevents the individual from driving.	The form can be signed confirming this evidence by: 1) General Practitioner. 2) A Consultant or Doctor from the Jersey General Hospital.
CP9	<b>Seizures causing loss of consciousness or altered consciousness (including epilepsy).</b>	Confirmation that the applicant: 1) Suffers from seizures; and, 2) This condition prevents the individual from driving.	The form can be signed confirming this evidence by: 1) General Practitioner. 2) A Consultant or Doctor from the Jersey General Hospital.

## Information for authorised signatories

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### Introduction

The person presenting this form to you is applying to LibertyBus for a Concessionary Bus Pass, which will enable free travel on all LibertyBus services in Jersey. Whilst it is the intention that the scheme takes a 'light touch' approach to the assessment of the criteria, authorisation by an appropriate signatory is required.

### Criteria

The bus pass is for Jersey residents with a prescribed Long-Term or permanent disability. It does not include those with conditions which temporarily prevent driving. If there is doubt about the permanency of the condition, broad guidance is that it should be chronic and exist for a period of at least 18 months.

The attached table in part 6 identifies the specific criteria which must be met to be eligible for the scheme, this also identifies those authorised to support the application.

### Evidence

Authorised signatories should support the application based on professional evidence of the condition that they either hold or have knowledge of/access to.

It is recognised that in some cases the extent to which the applicant can drive will be a matter of professional judgement. This judgement should be made by the most appropriate professional to do this.

### Identification

As part of proving identification, the applicant may ask you to endorse a recent photograph.

If you are willing to do this, the words 'I confirm this is a true likeness of <name>' should be written on the back of the photo and your signature and date added.

### Filling in the form

The applicant is required to complete a declaration, confirming their eligibility for the scheme.

Authorised signatories are asked to validate this declaration and confirm the applicant is eligible to receive the bus pass by signing the form and confirming name, organisation, position and contact details.

In some instances, authorised signatories will be contacted by Growth, Housing and Environment, should an application need to be followed up.

### Confidentiality

The form has been designed to ensure confidentiality is maintained. Those administering the scheme, including LibertyBus or Growth, Housing and Environment staff, will not receive or store information which indicates an applicant's medical condition.

### Fees and Charges

The applicant is responsible for any fee you charge in connection with completing this form.

### Contact

If you have any queries or questions about the scheme or wish to confirm any issues regarding eligibility, you can contact the Growth, Housing and Environment Transport Team:

**Email:** [dfi@gov.je](mailto:dfi@gov.je)

**Telephone:** 01534 445509

