



SCOTLAND-WIDE FREE BUS TRAVEL CERTIFICATE OF ELIGIBILITY - EPILEPSY



This validated certificate should be submitted along with the application for
Scotland-Wide Free Bus Travel for Disabled People

Applicant (BLOCK CAPITALS PLEASE)

Surname _____ Forename(s) _____ Date of Birth ___ / ___ / _____
Address _____
_____ Postcode _____

Declaration: I do not currently hold a driving licence and I am not banned from driving. If I am given a National Entitlement Card and then apply for and receive a driving licence I will notify my local authority / local concessionary travel office immediately and give up my right to free bus travel across Scotland. If I have given false information on this form my entitlement to free bus travel will be taken away.

Signature of Applicant Date ___ / ___ / _____

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 maybe 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, please return to: Public Transport, Development & Environment Services, Kilncraigs, Greenside Street, Alloa, FK10 1EB.

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.

FOR OFFICIAL USE ONLY

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

Applicant name _____ **Date of birth** _____

Please read the statements below and sign the declaration if you agree with **ALL THREE** 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
- The applicant named overleaf has had a seizure in the past 12 months.

AND
- If the applicant named overleaf were to apply for a licence to drive a motor vehicle under Part 3 of the Road Traffic Act 1988, they would have their licence application refused in accordance with section 92 of that Act (physical fitness) but not on the grounds of persistent misuse of drugs or alcohol.

Please use this space for any other relevant information

Name _____

Signature

Position _____

Date ___ / ___ / _____

Telephone Number _____



This must be stamped with your official hospital / departmental stamp.