

Declaration of authority. I authorise the consultant / specialist (shown below) to disclose to Gloucestershire County 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 consultant / specialist

Dear Consultant or Specialist,  
The person mentioned below has applied to us for a travel concession on the basis of being **profoundly or severely deaf**.

The Transport Act 2000 defines that "hearing loss is measured in decibels across the normal hearing spectrum, as dBHL (Hearing Level)". This is clarified in more detail as set out in the options below.

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

- They have a severe hearing loss of 70 – 95 dBHL.
- They have a profound hearing loss of 95+ dBHL.

**OR**

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

**Please tick box:**

- If this is a permanent Disability, or
- If not a permanent Disability, is likely to last for 5 years or more.

Name	_____
Position	_____
Address	_____
GMC No	Tel
Signed	Date

OFFICIAL  
CLINIC/HOSPITAL STAMP  
Or attach  
letterhead/compliment slip

On completion please return the form to the applicant

Once completed, the Applicant should submit this Evidence Form, along with the completed Concessionary Bus Pass Application Form and proof of address by post to: Concessionary Bus Pass Team, Integrated Transport Unit, Gloucestershire County Council, Shire Hall, Westgate Street, Gloucestershire, GL1 2TH