

SCOTLAND-WIDE FREE BUS TRAVEL

CERTIFICATE OF ELIGIBILITY – MENTAL HEALTH

This validated certificate should be submitted along with the application for Scotland-Wide Free Bus Travel for Disabled People	
Applicant (BLOCK CAPITALS PLEASE)	
Surname:	Date of Birth:
Forename(s):	
Address:	Signature of Applicant:
······	
Postcode:	
THE DECLARATION BELOW SHOULD ONLY BE COMPLETE	D BY AN AUTHORISED SIGNATORY.
An Authorised Signatory for the purpose of this category is: Ps Psychologist; Head Teacher of a Special Needs School; Occupa - specialising in Mental Health; Clinical Psychologist; Support S	ational Therapist; Mental Health Officer; Social Worker
Mental disorder covers mental illness, learning disability and per- under the terms of the Mental Health (Care and Treatment) (Scot by reason only of any of the following:	sonality disorder. However, please remember that land) Act 2003 a person is NOT mentally disordered
 sexual orientation sexual deviancy transexualism transe	kely to cause
If the applicant is attending a rehabilitation programme for an alcohol or drug dependence, please tick the following box.	
I confirm that the above-named person meets ALL the criteria below for the issue of an Entitlement Card for Scotland-Wide Free Bus Travel on the basis that they: (Please tick box to confirm.)	
(a) are resident in Scotland;	
(b) are 5 years of age or over;	
(c) (i) suffer from a mental disorder in the terms of the Mental Health (Care and Treatment) (Scotland) Act 2003; and	
(ii) their ability to travel is impaired by their condition; and	
 (iii) it has persisted for more than a year; and (iv) their condition means that they need to travel in order to keep health or social care appointments or 	
participate in activities as part of a treatment, care or rehabilitation programme.	
Persons who cannot demonstrate that they need to travel as described above will not be eligible under this category even if they are covered by the definition of the Mental Health (Care and Treatment) (Scotland) Act 2003.	
Signed:	Date
Category of Authorised Signatory - please specify: - Date Contact Telephone Number:	
	Health Board or Official Stamp
	eniolai etamp
FOR OFFICIAL USE ONLY	
Unique Form/Barcode Number	
R Donnelley B51654 5-07	NCT002 (05/2007)