

# Mobility Citycard Application Form

Please complete in  
**BLOCK CAPITALS** and  
**BLACK INK**

First name

Surname

Date of birth

/

/

Please tell us your  
**permanent** City of  
Nottingham home  
address.

Please include your phone  
number in case we need to  
contact you in connection  
with your application.

House number

Street name

District

Postcode

Telephone number

To help us prevent fraud  
please provide **one** proof  
of address.

Proof of address

☐ Utility bill

☐ Council tax bill

☐ Other (please specify)

☐ Medical card

☐ Bank or credit card statement

Nottingham City Council  
are committed to ensuring  
that all communities  
are able to access our  
services.

By completing this  
section you are helping  
us to ensure that we can  
improve our services to  
reflect the diverse needs of  
City residents.

Ethnicity Monitoring

☐ [1] Asian Indian

☐ [9] Mixed White / Black Caribbean

☐ [2] Asian Pakistani

☐ [10] Mixed White / Black African

☐ [3] Asian Bangladeshi

☐ [11] Mixed White / Asian

☐ [4] Asian Other

☐ [12] White British

☐ [5] Black Caribbean

☐ [13] White Irish

☐ [6] Black African

☐ [14] White Other

☐ [7] Black Other

☐ [15] Other

☐ [8] Chinese

**All applicants must sign  
this declaration.**

I declare that the information given is true and complete and that I fully satisfy the scheme conditions. I will notify the City Council of any change in my circumstances that may affect my application, including change of address. I give my consent for Nottingham City Council to make appropriate checks, as necessary, to verify my eligibility for the Concessionary Travel Scheme. I agree to abide by the Citycard terms and conditions.

Signature

Date

/

/

# Mobility Citycard Application Form (continued)

This section is only to be completed by your GP or other medical practitioner

## Nature of disability

- |   |   |
|---|---|
| <input type="checkbox"/> [1] severely sight impaired or sight impaired  | <input type="checkbox"/> [5] do not have arms or have long term loss of the use of both arms  |
| <input type="checkbox"/> [2] profoundly or severely deaf  | <input type="checkbox"/> [6] a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning   |
| <input type="checkbox"/> [3] without speech   | <input type="checkbox"/> [7] a disability (other than those above) which would prevent the granting of a motor vehicle licence under Part III of the Road Traffic Act 1988 (other than on the grounds of persistent misuse of drugs or alcohol) |
| <input type="checkbox"/> [4] a disability, or an injury, which has a substantial long term adverse effect on your ability to walk |   |

Please give details of the disability - **this section must be completed or application will be rejected**

## Doctors Declaration - tick only one box or application will be rejected

- ☐ I certify that the applicant (named overleaf) has one, or more, of the disabilities shown and that the disability **has lasted (or is likely to last) at least 12 months** and has a substantial effect on the applicant's ability to carry out normal day-to-day activities.
- ☐ I certify that the applicant (named overleaf) has one, or more, of the disabilities shown and that **this is a permanent disability** and has a substantial effect on the applicant's ability to carry out normal day-to-day activities.
- ☐ I certify that the applicant (named overleaf) has one, or more, of the disabilities shown and that **this is a permanent disability** and has a substantial effect on the applicant's ability to carry out normal day-to-day activities. **I also certify that the applicant can only travel with the aid of a companion.**

Doctors signature

Doctors name (print)

Medical Practitioner's Stamp

Telephone Number

Guidance notes for doctors are available from Nottingham City Council on: (0115) 915 5302.

Please ensure this section is stamped and includes a telephone number