



**Assets, Transportation &
Environment**

If telephoning or contacting
03451 550066
Concessionary.travel@fife.gov.uk
Our Ref: NCT003 cert

**THE CERTIFICATE OVERLEAF SHOULD BE COMPLETED IF YOU ARE A
FIFE RESIDENT**

Dear Customer

MyFife card – Concessionary Travel - Epilepsy

If you are resident in Fife and wish to apply for concessionary travel on the grounds of having Epilepsy, please fill in **section A** of the enclosed NCT003 certificate and ask your Hospital Consultant, Epilepsy Specialist Nurse or GP to complete **section B** ensuring it is stamped with a Health Board or official stamp.

You can apply under this category if you have epilepsy, have had a seizure in the past 12 months **and**:

- Do not hold a driving licence (either revoked or surrendered on medical grounds)

OR

- Never had a driving licence but would be refused a driving licence on medical grounds if you applied for one.

Completed certificates should be returned to:

**Fife Council
Concessionary Travel
1st Floor West, Fife House
North Street
Glenrothes KY7 5LT**

Yours sincerely

Concessionary Travel Team

Concessionary Travel Team
Roads & Transportation Services
Bankhead Central, Glenrothes KY7 6GH





**SCOTLAND-WIDE FREE BUS TRAVEL FOR
OLDER AND DISABLED PEOPLE
CERTIFICATE OF ELIGIBILITY - EPILEPSY**



Section A (to be completed by applicant)

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:

Date:

Email Address:

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

Applicant name:

Applicant date of birth:

Applicant Address:

Please read the statements below and sign the declaration if you agree with **ALL THREE**. 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:

1. The applicant named overleaf has epilepsy and receives regular treatment.
- AND**
2. The applicant named overleaf has had a seizure in the past 12 months.
- AND**
3. 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

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Name:

Signature:

Position:

Date:

Email Address:



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