



**SCOTLAND-WIDE FREE BUS TRAVEL  
CERTIFICATE OF ELIGIBILITY – MENTAL HEALTH**

Please Note: This form needs to be submitted with proof of address.

Applicant (BLOCK CAPITALS PLEASE)

Surname: ..... Date of Birth: .....

Forename(s): .....

Address: ..... Signature of Applicant: .....

.....

Postcode: .....

**THE DECLARATION BELOW SHOULD ONLY BE COMPLETED BY AN AUTHORISED SIGNATORY.**

**An Authorised Signatory** for the purpose of this category is: Psychiatrist; Community Psychiatric Nurse; Educational Psychologist; Head Teacher of a Special Needs School; Occupational Therapist; Mental Health Officer; Social Worker - specialising in Mental Health; Clinical Psychologist; Support Service Manager; Day Service Manager.

Mental disorder covers mental illness, learning disability and personality disorder. However, please remember that under the terms of the Mental Health (Care and Treatment) (Scotland) Act 2003 a person is **NOT** mentally disordered by reason **only** of any of the following:

- sexual orientation
- sexual deviancy
- transexualism
- transvestism
- dependence on or use of alcohol or drugs
- behaviour that causes or is likely to cause harassment, alarm or distress to any other person
- acting as no prudent person would act

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 ..... Contact Telephone  
- please specify: ..... Number: .....

Please Note: If this form is signed by a GP it will be refused. It needs to be signed by one of the authorised signatories.

Health Board or  
Official Stamp

**FOR OFFICIAL USE ONLY**

Unique Form/Barcode Number