



# Moray Assisted Transport Scheme

## Application Form



**4. Do you hold a "BLUE Badge"?**

Yes  No

(1) For your vehicle

Yes  No

(2) Is it a Motobility Vehicle

Yes  No

(3) A vehicle normally kept at your home (eg a close family member?)

Yes  No

(4) Friend's or relative's vehicle not normally kept at your home

Yes  No

If you are not receiving Disability Living Allowance, we will assess your circumstances based on the Disability Living Allowance guidance (higher mobility component).

**1. What is the nature of your disability?**

.....  
.....  
.....

**2. What is the maximum distance you can walk without stopping, severe discomfort, or help from another person?**

.....

**3. Do you use a wheelchair or walking aid?**

Yes  No

If **Yes**, please state type of aid. ....

What is the name of your GP?

Name:- .....

Address:- .....

.....

Our Medical Advisor may need to consult your GP. Do you give permission for your GP to inform our Medical Advisor about your medical circumstances.

Yes  No

## **HOW CAN WE CONTACT YOU?**

Our medical advisor may need to see you.  
Please indicate the best way to contact you  
during the day:-

- home telephone number .....
- other telephone number ..... (day centre, friend or relative, please  
indicate which time/day)
- by letter .....

## **DECLARATION**

I declare the information contained on this form is accurate, to the best of my knowledge and  
ability.

Signed:- .....

Date:- .....

### **PLEASE RETURN TO:-**

**The MAT Scheme**  
Public Transport Unit  
Academy Street  
ELGIN  
IV30 1LL

### **ANY QUERIES:-**

Please ring MAT Scheme co-ordinator - **(01343) 562529**  
The call line is open Monday to Friday between 09.30 - 1300 hours  
e-mail: [mats@moray.gov.uk](mailto:mats@moray.gov.uk)

### **REMEMBER:-**

PLEASE ENCLOSE A COPY OF YOUR QUALIFYING  
NOTIFICATIONS (if you have any).

Do not send any money with this application  
form.

We will contact you AGAIN to let you know if  
your application has been accepted.

# MORAY ASSISTED TRANSPORT SCHEME - APPLICATION FORM

Name:- .....

Address:- .....

.....

.....

Postcode:- .....

Tel no.:- .....

Date of Birth:- .....

**1. Are you registered as blind under the National Assistance Act 1948?**

Yes  No

If Yes, please give the name of the local authority with which you are registered.

**2. Do you receive Mobility Allowance at the higher rate of the mobility component of the Disability Living Allowance?**

Yes  No

If you receive Motobility Allowance at the high rate, please supply evidence (e.g. an official letter confirming an award of the allowance, or a Post Office Order Book for payment of the allowance).

**3. Do you receive War Pensioner's Mobility Supplement?**

Yes  No

If Yes, please supply evidence (e.g. an official letter confirming an award of War Pensioner's Mobility Supplement).