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## Severe walking difficulties National Concessionary Travel Pass

### Additional information

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Please complete this questionnaire and return it to Transport for Greater Manchester at the address overleaf.

#### Personal details

Name ..... Date of birth .....

Address .....

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..... Postcode .....

Contact number .....

#### About your walking difficulty

Are you able to walk 100m (110yards) without stopping, severe discomfort or help from another person?

I am **able** to walk 100m                       I am **unable** to walk 100m

Please provide as much information as you can, explaining your medical condition and describing how it affects your ability to walk.

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Are you in receipt of any disability benefits? (Please enclose proof dated within the last 12 months).

Yes (I have enclosed proof)                       No

(continued overleaf)

