(Insert Practice letter head)

(Insert date here)

To Whom It May Concern

**Re: Concessionary Travel Pass Application Form**

Your customer has requested that we sign a Concessionary Travel Pass Application Form. We have declined this work in line with the “Guidance to Local Authorities on assessing eligibility of Disabled People for Concessionary Bus Travel”

<http://www.dft.gov.uk/pgr/regional/buses/concessionary/informationlocalauthorities/guidancedisabled/ancetolocalauthoritieson3561.pdf>

* (24) Using an applicant’s GP to verify that an individual meets the criteria for a concessionary travel pass is regarded as an unsatisfactory arrangement for both the GP and the administrator’s of the scheme……
* (25) The Department strongly recommends that independent Health Professional should undertake these assessments in place of GPs………..

Yours faithfully

(Insert GP names here)