**Proof Form**

Only complete this form to prove need if the applicant **does not have** an Education Health and Care Plan, a current East Sussex Disabled Person’s Concessionary Bus Pass, Blue Badge, is in receipt of Disability Living Allowance **or** if the applicant **does not** live in East Sussex but attends school here.

To be completed by a professional who understands the applicant’s needs:

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s full name: |  | Applicant’s date of birth |  |
| Applicant’s address (and postcode) |  |
| About you: |
| Name of person signing proof form |  | Relationship to applicant: |  |
| Job title/ position: |  | Organisation |  |
| Address (including postcode): |  |
| Phone: |  | Email: |  |
| **Equality Act 2010** **Disability**(1)A person (P) has a disability if:(a) they have a physical or mental impairment, and(b) the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.**E+W+S** |
| **Proof of Disability:**As a professional working with the applicant named above, I certify that they have a disability or special need as defined by the Equality Act 2010 as detailed above, and believe they should be eligible for an i-go card (tick as appropriate):* Yes
 |
| **If the applicant does not live in East Sussex -** I confirm that they receive education or training in East Sussex **🞏**  Yes |
| Signature: |  | Name: |  |
| Role: |  | Date:  |  |