

Application Form Disabled Persons Freedom Pass

SECTION 1 - Personal Details

If you are completing this form on behalf of a child under 16 please provide their details and sign the form on their behalf. * Fields marked with an asterisk must be completed

Title* (Mr, Mrs, Ms, Miss, other): _____ Gender*: Male [] Female []

Surname*: _____

First Name(s)*: _____ Date of Birth*: _____

National Insurance Number/Child Registration Number: _____

Home address* (PO box or c/o not acceptable): _____

Postcode*: _____

Telephone Numbers: Home: _____ Mobile: _____

Email: _____

GP - Please give details of a GP who knows about your health condition/ disability and who we can contact for more information if relevant to your application.

Name of GP: _____

Name and Address of Surgery: _____

Postcode: _____

Telephone Number: _____

CONSULTANT OR OTHER MEDICAL PROFESSIONAL - Please give details of any other medical professional who knows about your health condition/ disability who we can contact if relevant to your application.

Name of Consultant or Medical Professional: _____

Type of specialist: _____

Hospital/ Practice Address: _____

Postcode: _____

Telephone Number: _____

SECTION 2 – Eligibility Criteria

Applications made under this section can take up to 4 weeks to process.

a) People who receive the Higher Rate Mobility of Disability Living Allowance

Do you receive Higher Rate Mobility of Disability Living Allowance (DLA)? Yes [] No []

If No, go to (b). If Yes, have you been awarded this benefit indefinitely? Yes [] No []

If it is not indefinite, what date does it end? ____/____/____

If you receive higher rate mobility of DLA please provide a letter of entitlement **dated within the last 12 months**. You can order a letter from the Department for Work and Pensions on 08457 123456.

b) People who score 8 points or more under the ‘Moving Around’ section of Personal Independence Payments (PIP)

Under the ‘**Moving Around**’ section of Personal Independence Payments, do you score **8 points or more**? If not, go to (c). Yes [] No []

If Yes, is the award indefinite? Yes [] No []

If it is not indefinite, what is the award end date? ____/____/____

If you score 8 points or more under Moving Around, please provide a copy of your award letter, including both the front page and the page indicating your score under ‘Moving Around’. The letter must be **dated within the last 12 months**. You can order a letter from the Department for Work and Pensions on 0345 850 3322.

c) People who score 8 points or more under the ‘Communicating Verbally’ section of Personal Independence Payments (PIP)

Under the ‘**Communicating Verbally**’ section of Personal Independence Payments, do you score **8 points or more**? If not, got to (d). Yes [] No []

If Yes, is the award indefinite? Yes [] No []

If it is not indefinite, what is the award end date? ____/____/____

If you score 8 points or more under Communicating Verbally, please provide a copy of your award letter, including both the front page and the page indicating your score under ‘Communicating Verbally’. The letter must be **dated within the last 12 months**. You can order a letter from the Department for Work and Pensions on 0345 850 3322.

d) People who receive the War Pensioners Mobility Supplement

Do you receive the War Pensioners Mobility Supplement? Yes [] No [] If No, go to (e).

If Yes, please provide a letter of entitlement to this benefit. You can call the Service Personnel and Veterans Agency (SPVA) to obtain a letter on 0800 169 2277.

Section 2 continued...

e) People who are Blind or partially sighted

Are you blind or partially sighted? Yes [] No [] If No, go to (f).

If Yes, we can verify this with the Boroughs register of blind/partially sighted people. If you are not registered with the Borough, please provide a copy of your Certificate of Vision Impairment (CVI) or BD8 form signed by a Consultant Ophthalmologist.

f) People who are profoundly or severely deaf

Are you profoundly or severely deaf? Yes [] No [] If No, go to (g).

People are generally regarded as having a severe hearing loss if it reaches 70-95 dB HL, and a profound loss if it reaches 95+ dB HL. If this applies to you, please provide an audiological report or report from an aural specialist.

g) People who are without speech

Are you without speech? Yes [] No [] If No, go to (h).

People are considered without speech if they are unable to communicate orally in any language. If you are without speech, please provide an audiological report or report from an aural specialist.

h) People who have a learning disability

Do you have a learning disability that is, 'a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning?' Yes [] No []

If No, go to (i) overleaf. If Yes, please answer questions (1 - 4).

A learning disability is different to a learning difficulty. A learning disability is a significant impairment of intelligence and social function acquired before adulthood. A learning difficulty is when a person has difficulty in learning specific academic skills. This is despite normal intellectual/cognitive abilities.

1) Are you known to the councils Learning Disability Service/Disabled Childrens Team? Yes [] No []

If Yes, please give the name of your support worker _____

If No, you must provide medical evidence of your learning disability, such as a cognitive assessment or report from a clinical or educational psychologist, or other health professional.

2) Do you/did you attend a school/college for people with learning disabilities? Yes [] No []

If Yes, please state the school/college you attend/attended _____

3) Do you have statement of Special Educational Needs? Yes [] No []

If Yes, please provide a copy of the statement with your application.

4) Do you receive Disability Living Allowance or Personal Independence Payments? Yes [] No []

If Yes, please provide a letter of entitlement dated within the last 12 months. You can order a replacement letter from the Department for Work and Pensions on 08457 123456.

The councils Learning Disability Service or Disabled Childrens Team will look at applications made under this criteria and make a decision of eligibility based on the evidence you provide,

or their knowledge of you if you are registered with their service.

Section 2 continued...

i) People who do not have arms, or have long-term loss of the use of both arms

Do you not have arms or have you long-term loss of the use of both arms? Yes [] No []

If Yes, please provide medical evidence to support your application. If No, go to (j).

j) People who are medically unable to drive (due to physical fitness)

These questions are for people who have a health condition or disability which prevents them from obtaining a driving licence or who have had a driving licence refused or withdrawn on the grounds of physical fitness. Physical fitness must relate to a specific health condition or disability that prevents them from being able to drive, and cannot be on the grounds of persistent misuse of drugs or alcohol.

Otherwise than on the grounds of persistent misuse of drugs or alcohol:

- a) have you been refused a driving licence by the DVLA due to physical fitness? Yes [] No []
- b) have you had your driving licence withdrawn by the DVLA due to physical fitness? Yes [] No []
- c) if you were to apply, would you be refused a driving licence due to physical fitness? Yes [] No []
- d) are the DVLA able to withdraw your driving licence due to your physical fitness? Yes [] No []

If Yes to a) or b), please provide a letter from the DVLA stating that you have been refused a driving licence or had your licence withdrawn, and if withdrawn, how long for.

If Yes to c) or d) please provide medical evidence stating why you are considered physically unfit to drive. You can apply under d) even if you still have your physical licence, as long as you are not driving and are considered medically unfit to drive by a relevant medical professional.

Notes on medical evidence:

It is up to you to provide the necessary information to confirm your eligibility. Please provide any letters you have from the DVLA about refusal or withdrawal of a driving licence. If the letter does not state the medical reasons for refusal/withdrawal of your licence; you will also need to provide separate medical evidence about your health condition or disability. Any medical evidence provided must be from a GP, consultant or other medical professional and dated within the last 12 months.

Notes for Medical Professionals on Driving Licence Eligibility

People with specific medical conditions may be refused a driving licence on the grounds of their medical fitness. A full list of the conditions covered is detailed in the DVLA at a glance guide for medical professionals www.dft.gov.uk/dvla/medical

This list below indicates some of those currently barred from holding a driving licence:

- a) **Epilepsy** - unless it is of a type which does not pose danger.
For epilepsy, the refusal of a licence is not automatic and depends on the circumstance. A driving licence can be granted to a person with epilepsy if they have not had an epileptic attack whilst awake for a year or more; or have a history of attacks whilst asleep, and only whilst asleep, over the past three years or more, provided that the driving of a vehicle by that person is not likely to cause danger to the public.
- a) **Severe Mental Disorder**
Such conditions include but are not limited to dementia, or any organic brain syndrome; behaviour disorders including post head injury syndrome and Non-epileptic Seizure Disorder; and personality disorders. Refusal of a driving licence depends upon the severity of the condition. Not all people with mental disorders would be refused a driving licence.
- c) **Liable to sudden attacks of giddiness or fainting**- This could for example be the result of cardiac disorder.
- d) **Inability to read a registration plate in good light at 20.5 meters, with lenses if worn**

e) Other disabilities which are likely to cause the driving of vehicles to be a source of danger to the public

These include some people with restricted visual fields, insulin dependent diabetics where the person experiences disabling hypoglycaemia, some people with cardiac, locomotor, renal or neurological disorders.

SECTION 3 – Assessed Walking Eligibility

Applications made under this section can take up to 6 weeks to process

Section 3 is for people who have a severe walking disability, and do not qualify under any of the questions in Section 2. This information will help us assess your eligibility.

IMPORTANT: Applicants who do not automatically qualify may choose to provide recent medical evidence of their health condition/disability to support their application. It is not essential, but if you have medical evidence such as from a recent hospital visit, providing it may help speed up your application. You do not need to ask your GP for new information as applicants are offered a mobility assessment if eligibility is unclear.

What are the medical names for your health condition/disability?

If you do not know the medical names please describe in your own words.

How often is your mobility limited due to your health condition/disability?

All the time [] Every day [] Occasionally []

How long have you had the above condition/disability? ____years____months

How long is your condition/disability likely to affect you? ____years____months

Are you on medication for your health condition/disability? Yes [] No []

If Yes, please list medication: _____

Have you had surgery for your health condition/disability? Yes [] No []

If Yes, please tell us what kind of surgery you had and when you had it?

Note: If you have recently had joint replacement surgery you will need to wait 6-8 weeks after surgery before applying so that we can assess your long-term mobility.

Are you currently receiving or expecting to receive any treatment for your health condition/disability? e.g. surgery, physiotherapy, cancer therapy Yes [] No []

If Yes, please tell us what kind of treatment, and whether it is current or planned?

Do you use a wheelchair? Yes [] No []

If you use a wheelchair it would be helpful to provide medical evidence verifying this. Such evidence may mean that you do not need to attend a mobility assessment.

If Yes, when do you use it? **Indoors** [] **Outdoors** [] **Both** []
How often do you use it? **Always** [] **Every day** [] **Sometimes** []

Do you use a walking aid? Yes [] No []

If Yes, what walking aid(s) do you use? _____

How often do you use the walking aid? _____

How far can you usually walk? This is with or without a walking aid, whichever is more usual for you. As a guide a double decker bus is about 33 feet/ 10 meters. A football pitch is about 115 yards/108 meters. _____

How long does this take you? _____ minutes

What stops you from walking further? _____

How long can you usually stand, either with a walking aid or alone (whichever is more usual for you) before you need to sit down and rest?

0-1 minute [] 1-3 minutes [] 3-5 minutes []
5-10 minutes [] 10-20 minutes [] 20 minutes + []

What prevents you from standing any longer? Pain [] Balance [] Other []

If Other please specify _____

Additional Information Use this space to provide further information to support your application

SECTION 4 - Declaration and Signatures

Please tick each box to indicate that you have read and understood each declaration. Not ticking a declaration may result in us not issuing you with the travel concession. Providing fraudulent information may result in prosecution and a fine.

Data Protection Statement - All documents relating to this application will be dealt with in line with the Data Protection Act 1998 and may be shared within the local authority, with other local authorities, government bodies, and the police to detect and prevent fraud. Any medical information that you have supplied to support this application is deemed, under the Data Protection Act, to be “sensitive personal data” and will only be disclosed to third parties as necessary for the operation and administration of the travel concession(s), and to other Government Departments or agencies, to validate proof of entitlement or as otherwise required by law.

- I understand that I must not hold more than one Freedom Pass*.
- I confirm that the photograph I have submitted is a true likeness to myself*.
- I confirm that the details I have provided are complete and accurate. I realise that you may take action against me if I have provided false information in this application form*.
- I understand that I must promptly inform the local authority of any changes that may affect my entitlement to the travel concession and I will return it should I no longer be eligible.
- I understand that I must not allow any other person to use a travel concession issued to me and that I must only use the concession in accordance with the rules of the scheme. If I become aware that another person is using the concession I will report this to the Council immediately*.
- I understand that the local authority may need to contact my GP; Consultant; Social Worker; Care Manager; the DVLA and/or other relevant professional for the purpose of obtaining further information regarding my application*.
- I understand that I may be need to have an assessment with a healthcare professional who is independent of my existing care/treatment in order to determine my eligibility for the scheme**.
- I consent to the local authority checking any information already held by the local authority Social Services department on the basis that:
 - It can help determine my eligibility for Freedom Pass
 - It may speed up the processing of my application;
 - It may enable a decision to be made without the need for a mobility assessment.

* must be ticked by all applicants. ** must be ticked if applying under the assessed criteria.

Applicant Signature _____ **Date** _____

If you are unable to sign the declaration yourself it may be signed on your behalf. If you are under 16 years of age, your parent or legal guardian must sign this form. If signing on behalf of the applicant please enter your details below and provide the reason you are signing. If signing on behalf of a person over 16 years, it is expected that you would have power of attorney for them.

Name	Relationship
Telephone Number	

SECTION 5 – Equality Monitoring

This information will be kept confidential and is only used to improve Council services. It enables us to measure whether all sections of the community access our services.

Ethnic Background

WHITE

- British
 Irish
 Eastern European
 Other White background
specify _____

MIXED

- White & Black Caribbean
 White & Black African
 White & Asian
 Other Mixed background
specify _____

ASIAN OR ASIAN BRITISH

- Indian
 Bangladeshi
 Pakistani
 Afghan
 Other Asian background
specify _____

BLACK OR BLACK BRITISH

- African
 Caribbean
 Other Black background
specify _____

OTHER

- Chinese
 Vietnamese
 Middle Eastern
 Gypsy/Traveller/Romany
 Other ethnic background, specify _____

Religious Belief

- Christian
 Buddhist
 Hindu
 Muslim
 Sikh
 Jewish
 None
 Other
specify _____

Disability - Do you have any disability ? Yes No

- Physical impairment
 Learning disability or difficulty
 Long-standing illness/ condition e.g. cancer, HIV, diabetes.
 Sensory impairment
 Mental Health condition
 Other, please specify _____

SECTION 6 – Checklist

- I enclose one passport sized colour photograph with my name on the reverse
- I enclose the relevant proof of entitlement to support my application (a copy is suitable)
- Disability Living Allowance letter of entitlement (dated within last 12 months)
 - Personal Independence Payment Award letter (dated within last 12 months)
 - Service Personnel and Veterans Agency letter of entitlement
 - Certificate of Visual Impairment or BD8
 - Relevant medical evidence such as medical report or GP letter to support your application.
- I enclose one proof of residence, dated within the last 3 months (a copy is suitable)
- A residential utility bill (gas, electric, telephone, water) - mobile phone bills are not suitable
 - TV Licence / exemption
 - Benefits / Pension letter or book / rent book / tenancy agreement
 - Council tax bill / statement.
 - Home contents insurance document confirming current policy
- I enclose one proof of identity (a copy is suitable)
- Valid driving licence (photocard)
 - Passport / Certificate of British Nationality / HM Forces ID card (expired also acceptable)
 - Birth / Adoption Certificate (with marriage or change of name certificate if relevant).

- Marriage / Civil Partnership / Divorce / Dissolution Certificate

I enclose a complete application form, with the declaration signed and dated

Communication Information

If you have difficulty understanding this publication, please visit Reception at the address below where we can arrange a telephone interpreting service.

Albanian	Nese keni veshtersi per te kuptuar kete botim, ju lutemi ejani ne recepcionin ne adresen e shenuar me poshte ku ne mund te organizojme perkthime nepermjet telefonit.
Arabic	إذا كانت لديك صعوبة في فهم هذا المنشور، فنرجو زيارة الإستقبال في العنوان المعطى أدناه حيث بإمكاننا أن نرتب لخدمة ترجمة شفوية
Bengali	এই প্রকাশনার অর্থ বুঝতে পারায় যদি আপনার কোন সমস্যা হয়, নিচে দেওয়া ঠিকানায় রিসেপশন-এ চলে আসুন যেখানে আমরা আপনাকে টেলিফোনে দোভাষীর সেবা প্রদানের ব্যবস্থা করতে পারবো।
Farsi	اگر در فهمیدن این نشریه مشکل دارید، لطفاً به میز پذیرش در آدرس قید شده در زیر رجوع فرمایید تا سرویس ترجمه تلفنی برایتان فراهم آورده شود.
Gujarati	જો તમને આ પુસ્તિકાની વિગતો સમજવામાં મુશ્કેલી પડતી હોય તો, કૃપયા નીચે જણાવેલ સ્થળના રિસેપ્શન પર આવો, જ્યાં અમે ટેલિફોન પર ગુજરાતીમાં ઇન્ટરપ્રિટિંગ સેવાની ગોઠવણ કરી આપીશું.
Panjabi	ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਪਰਚੇ ਨੂੰ ਸਮਝਣ ਵਿਚ ਮੁਸ਼ਕਲ ਪੇਸ਼ ਆਉਂਦੀ ਹੈ ਤਾਂ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਪਤੇ ਉੱਪਰ ਰਿਸੈਪਸ਼ਨ 'ਤੇ ਆਓ ਜਿੱਥੇ ਅਸੀਂ ਟੈਲੀਫੋਨ ਤੇ ਗੱਲਬਾਤ ਕਰਨ ਲਈ ਇੰਟਰਪ੍ਰਿਟਰ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ।

If you would like a copy of this application pack in Braille, large print, audio tape or a community language then please contact:

Supported Travel Team
Civic Centre
44 York Street
Twickenham
TW1 3BZ

Tel: 020 8831 6312

PLEASE RETURN YOUR APPLICATION TO THE ADDRESS ABOVE

FOR OFFICE USE ONLY

Approved: Automatic Assessed

Approved by _____ Date _____

Agreed by _____ Date _____

ELIGIBILITY REASON

HRMDLA PIP 8 or more

Letter Date _____

Award End Date _____

ASSESSED ELIGIBILITY

Name of OT _____

Date of MA _____

Blind/Partially Sighted

Deaf

Driving Licence

Learning Disabled

Without speech

Arms – long term loss of use

War pensions mobility supp

OR tick if Med Evidence Approved

Approved reason _____

Notes and Appeal Info:
