

freedom pass

The smart move



ACCESSIBLE TRANSPORT UNIT



Application Form for Disabled People

What is a Freedom Pass?

The freedom pass for disabled people gives free travel on:

- most buses, tube, Docklands Light Railway and Tramlink at all times.
- local rail services 9.30am to 4.30am Monday to Friday, and all day at weekends and public holidays.

The leaflet provided when you receive your pass gives full details of how and where you can use your pass.

freedom pass

FOR OFFICE USE ONLY

Mobility Assessment	<input type="checkbox"/>	by	<input type="text"/>	Assessment date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Approved	<input type="checkbox"/>	by	<input type="text"/>	date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Not approved	<input type="checkbox"/>	by	<input type="text"/>	date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Approved after appeal	<input type="checkbox"/>	by	<input type="text"/>	date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason approved

Reason not approved

1st appeal received	<input type="text"/>	EVIDENCE PRODUCED	<input type="checkbox"/>
2nd appeal received	<input type="text"/>	Address	<input type="text"/>
3rd appeal received	<input type="text"/>		
PHOTOGRAPH SUPPLIED	<input type="checkbox"/>	FORM VERIFIED	<input type="checkbox"/>
		G.P. / Care Manager	<input type="checkbox"/>

COMMUNICATION INFORMATION

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

The Accessible Transport Unit
4 Waldegrave Road
Teddington
TW11 8HT

Tel: 020 8831 6312 / 020 8831 6191

Or alternatively, if you have difficulty understanding this publication, please visit Reception at one of the addresses below where we can arrange a telephone interpreting service.

Arabic

إذا كانت لديك صعوبة في فهم هذا المنشور، فنرجو زيارة الإستقبال في العنوان المعطى أدناه حيث بإمكاننا أن نرتب لخدمة ترجمة شفوية هاتفية.

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।

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.

Civic Centre

The Atrium
44 York Street
Twickenham

Centre House

74 Sheen Lane
East Sheen

Richmond Information Centre

Old Town Hall
Whittaker Avenue
Richmond

Who is eligible?

The seven eligible categories of disabled people listed in the Transport Act 2000 include anyone who:

- (a) is blind or partially sighted
- (b) is profoundly or severely deaf
- (c) is without Speech
- (d) has a disability or who has suffered an injury, which has a substantial and long-term adverse effect on his ability to walk
- (e) does not have arms or has long term loss of the use of both arms
- (f) has a learning disability, that is, a state of arrested development of mind which includes significant impairment of intelligence and social functioning
- (g) would, if they applied for a driving licence, have his application refused due to physical fitness, but not on the ground of persistent misuse of drugs or alcohol

How to complete the form:

Part A Personal Details - must be completed by all applicants

Part B Eligibility Criteria - must be completed by all applicants.

This section:

- helps you to decide which criteria you are applying under
- explains which other parts of this form you need to complete
- details any evidence you need to send with this form

Part C Pink pages - Eligibility Assessment - to be completed only if you are applying under one of the following criteria:

- Physical Disability 3.3
- Driving Licence 7.1 and 7.2

Part D Orange pages - Learning Difficulties, only if you are applying under this criteria.

This section:

- is for you to confirm the degree of learning disability
- explains what evidence needs to be sent with your application
- has a section that must be signed by a Care Manager, School or medical professional

Part E Mauve pages - Driving Licence, only if you are applying under this criteria, and it is for you to:

- tell us why you would not be allowed to drive
- provide us with evidence
- have the form signed by your GP

Part F Declaration - this section must be signed by everyone

Part E GP confirmation - This section only needs to be signed by your GP if you are applying under the Physical Disability criteria 3.3 and have completed Part C

To enable us to carry out an assessment of your eligibility for a Freedom Pass, it is important that you answer all relevant questions as fully as possible and include copies of any supporting documentation, as incomplete forms will be returned to you for completion and therefore delay your application.

PART A

PERSONAL DETAILS

This section must be completed by all applicants.

Title (Mr/Mrs/Miss/Ms/Other): _____ Date of birth: _____

Surname: _____

First name (s): _____

Address: _____

Post code: _____ Telephone no: _____

Doctor's name: _____

Doctor's address: _____

Doctor's telephone no: _____

ETHNIC GROUP CLASSIFICATION

The purpose of this form is to generate statistics that enable us to deliver services effectively and fairly. This information will be kept confidential.

(a) White

- British
- Irish
- Any other (White background)
please write _____

(b) Chinese or other ethnic group

- Chinese
- Any other
please write _____

(c) Black or Black British

- African
- Black British
- Caribbean
- Any other (Black background)
please write _____

(d) Mixed Race

- White and Asian
- White and Black African
- White and Black Caribbean
- Any other (mixed background)
please write _____

(e) Asian or Asian British

- Asian British
- Bangladeshi
- Indian
- Pakistani
- Any other (Asian background)
please write _____

PART B

ELIGIBILITY CRITERIA

This section must be completed by all applicants.

Please tick as appropriate, and follow guidance on how to complete the rest of this application.

1 BLIND OR PARTIALLY SIGHTED

- 1.1 Are you blind or partially sighted? YES NO

If YES, please enclose a copy of your BD8 registration document, or ophthalmologist report and complete **PART F** only.

2 PROFOUNDLY OR SEVERELY DEAF

- 2.1 Has an aural specialist assessed you as 'severely' (70-95 dBHL) or 'profoundly' (95+ dBHL) deaf? YES NO

If YES, please enclose an audiological report, and complete **PART F** only.

3 PHYSICAL DISABILITY

- 3.1 Have you been awarded a **Mobility Allowance** or the **HIGHER** rate of the **Mobility component** of the **Disability Living Allowance** for at least 12 months?

YES NO

If YES, please provide a copy of the official letter confirming your name/address, the date of your award, and how your allowance is made up, and complete **PART F** only.

OR

- 3.2 Have you been awarded a War Pensioners' Mobility Supplement for at least 12 months?

YES NO

If YES, please provide a copy of the official letter confirming the date of your award, or a copy of the pages in your allowance book detailing your name/address and how your allowance is made up, and complete **PART F** only.

- 3.3 You do not receive either of the allowances detailed above but you consider you are a person with a physical disability or you have suffered an injury, which has substantial and long-term adverse effect on your ability to walk.

YES NO

Please complete **PARTS C**, (pink pages) **F & G**

4 WITHOUT SPEECH

4.1 Are you unable to communicate orally? YES NO

If YES, please enclose medical evidence, for instance an audiological report or registration from your local authority and complete **PART F** only.

5 LOSS OF ARMS OR LONG TERM LOSS OF THE USE OF BOTH ARMS

5.1 Do you have loss of, or loss of use, of both arms due to amputation or congenital condition? YES NO

If YES, please enclose medical evidence, and complete **PART F** only.

6 LEARNING DISABILITY

6.1 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, which started before adulthood?

YES NO

If YES, please go straight to **PART D** (orange pages) and sign **PART F** (declaration)

7 CONDITIONS WHICH WOULD PREVENT YOU FROM OBTAINING A DRIVING LICENCE

Those who are currently barred from holding a licence and who may be eligible for a freedom pass are people with:

- Epilepsy - unless it is a type which does not pose a danger
- Severe mental disorder
- Liability to sudden attacks of giddiness or fainting
- Inability to read a registration plate in good light at 20.5 metres (with lenses if worn)
- Other disabilities which are likely to cause the driving of vehicles by them to be a source of danger to the public

But excludes 'people who persistently misuse drugs or alcohol'.

7.1 Have you been refused a driving licence (not including refusal due to persistent misuse of drugs or alcohol)? YES NO
OR

7.2 Would you be refused a driving licence (not including refusal due to persistent misuse of drugs or alcohol)? YES NO

If YES, please complete **PART C** (pink pages), **PART E** (mauve pages) and sign **PART F** (declaration).

- **PHYSICAL DISABILITIES 3.3 AND**
- **DRIVING LICENCE 7.1 & 7.2**

Please complete this application if you are applying because:

- You consider you are a person with a physical disability or you have suffered an injury, which has a substantial and long term adverse effect on your ability to walk.
- You have or would be refused a driving licence.

The following questions are to provide us with a complete picture of your mobility, both at home and outside, and help us understand the effect your disability or medical condition has on your life. This should help us reach a decision quickly, without the need to make appointments with a mobility assessor, and the delay that this can cause. Our aim is to speed up the assessment process.

Although there may appear to be a lot of questions the information we are requesting is quite straightforward, and gives you an opportunity to tell us exactly what your difficulties are.

If there are any questions you do not want to answer, you can choose not to complete them, but please remember we will be basing our decision on the information provided.

If you would like to provide any additional written information please use the additional space at the back of this form (pages 22 & 23), or include any relevant medical/mobility reports.

If we cannot make a decision on a 'paper assessment' we will invite you to come in for a mobility assessment.

If you have difficulty completing this form please contact the Accessible Transport Unit 020 8831 6312/6191.

Daily Activities

Do you receive help from your family, friends, carers, social services or the health service with daily tasks, such as washing, dressing, shopping or housework.

Please tell us what they do and how often. e.g. takes me out shopping once a week.

Family & Friends

Private Carers

Social Services

Health Services

Have you made any changes to your daily or weekly routine because of your medical condition or mobility difficulties? YES NO

If YES please describe

Use of other transport services and concessions

Do you have an existing Freedom Pass?

YES

NO

If YES, do you use it?

YES

NO

If you do not use it, please explain why. _____

Do you have a Taxicard?

YES

NO

If YES, do you use it?

YES

NO

If you do not use it, please explain why. _____

Do you have a Blue Badge?

YES

NO

Do you use Dial a Ride?

YES

NO

Has your home been altered in any way to help you?

Do you have any special equipment to help you?

Have you moved, or are you planning to move due to your medical condition or mobility difficulties?

YES

NO

If YES, it would be helpful if you could tell us why, as this information will help us understand how your life has been affected by your medical condition or mobility difficulties.

Public Transport

Are you able to use public transport?

YES

NO

If YES, please tick whichever type you currently use

Bus

How many times a week

Low Floor Bus

How many times a week

Mobility Bus

How many times a week

Underground

How many times a week

Train

How many times a week

When using public transport do any of the following statements apply to you, please tick any that do.

(a) do you have to be accompanied?

YES

NO

(b) do you need someone to help you on and off?

YES

NO

(c) do you need to use aids e.g. stick, frame?

YES

NO

If you do not use public transport, can you tell us why, e.g. too far to bus stop; afraid of falling etc. _____

Car Use

Do you have the use of a car?

YES

NO

As a driver?

YES

NO

If YES, is the car available: at all times

YES

NO

during the day only

YES

NO

evenings only

YES

NO

weekends only

YES

NO

other

YES

NO

Does your health condition or disability effect how often you can drive the car?

YES

NO

If YES, on average how often can you **not** drive the car? _____

Car Use *Continued*

As a passenger how often is a car available for you to go out:

- | | | |
|---------------------|------------------------------|-----------------------------|
| at all times | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| during the day only | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| evenings only | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| weekends only | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| other _____ | | |

Mobility

Are you a wheelchair or scooter user? YES NO

If YES, when do you use it? Indoors Outdoors Both

How often? Always Every day Sometimes

Do you use a walking aid? YES NO

If yes, please describe _____

Can you please tell us how far you can usually walk in metres or feet.
(base this on your usual way of walking, either with or without support)

What stops you from walking further? _____

Are you able to walk unaided? YES NO

How long can you usually stand, either aided or alone, whichever is most usual for you,
without needing to sit down and rest?

We are not asking for your best effort, simply the average time that you notice you feel the
need to sit or rest.

- | | | |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> 0-1 minute | <input type="checkbox"/> 1-3 minutes | <input type="checkbox"/> 3-5 minutes |
| <input type="checkbox"/> 5-10 minutes | <input type="checkbox"/> 10-20 minutes | <input type="checkbox"/> 20 minutes + |

What prevents you from standing any longer?

- | | |
|-------------------------------|----------------------------------|
| <input type="checkbox"/> Pain | <input type="checkbox"/> Balance |
|-------------------------------|----------------------------------|

Other, please specify _____

Health

What are the medical names for your health/disability difficulties?
(If you do not know the medical name please describe in your own words)

How long is your health condition or disability likely to affect your mobility?

Are you on any medication for your health condition? YES NO

If YES, please list:

What difficulties do you experience with your mobility due to your health?
(Help us to understand what you cannot do due to the effects of your medical condition, e.g. I get out of breath quickly or putting any weight on my knee causes pain etc.)

How often do you experience these difficulties?

All the time Occasionally

If occasionally, how often? e.g. *When I first get up. For 1 hour.*

Transport Act Definition

(f) "has a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning"

Richmond upon Thames Assessment Criteria (a) (b) (c)

To be eligible a person should in all cases have a significant learning disability, and may have a recorded IQ of below 70. This may have been established by an assessment of competency by either a medical professional or a Social Services Care Manager, and/or by an IQ test.

If you are known to Social Services or attend a Special School for children with Learning Difficulties the following criteria will be used to assess your application (a) or (b). To be eligible you must meet each criterion, and be able to supply supporting evidence if requested by the Accessible Transport Unit. **Evidence of lower rate mobility allowance DLA must always be sent with your application.**

Please ✓ box for each relevant criterion.

a) Be known or registered with Social Services, People with Learning Difficulties (PLD)

- and in receipt of Disability Living Allowance (DLA) * lower rate for Mobility.
- and unable to understand money or complex information and to travel alone.
- and have the degree of learning difficulties described above.
- and would be turned down for a Driving Licence if an application was made, or who has had a driving licence withdrawn.

b) Be attending a Special School (whose pupils have learning difficulties).

- and in receipt of Disability Living Allowance (DLA) * lower rate for Mobility.
- and unable to understand money or complex information and to travel alone.
- have a 'statement' to support the degree of learning difficulties described above.

* Anyone in receipt of Higher rate mobility DLA is automatically eligible and does not need to complete this form.

Please return to the main application form.

A copy of the award certificate confirming receipt of Lower rate mobility DLA, and the period the allowance has been awarded for, must be sent with this form. Any other available supporting evidence must also be supplied to confirm the above statements. The attached form must then be signed by one of the following:

- Care Manager
- Special School (whose pupils have learning difficulties)

c) If you are NOT known by Social Services, or attending a Special School for children with learning difficulties you may still be eligible if you are able to meet the following criteria, and be able to supply supporting evidence if requested by the Accessible Transport Unit. Evidence of lower rate mobility allowance DLA must always be sent with your application.

Please ✓ box for each relevant criterion.

Have a significant learning disability

and may

Have been assessed as having an IQ below 70

Yes

No

Don't know

In receipt of Disability Living Allowance (DLA) * lower rate for Mobility (a copy of your award certificate confirming the allowance and period of award, must be enclosed with the application)

Unable to understand money or complex information and to travel alone

Would be turned down for a Driving Licence if an application was made, or who has had a driving licence withdrawn.

* Anyone in receipt of Higher rate mobility DLA is automatically eligible and does not need to complete this form.

Please return to the main application form.

The attached form must then be signed by the following:

- Medical Professional

PROFESSIONAL CONFIRMATION

This applicant is applying for a Freedom Pass under the Transport Act 2000 category (f) "has a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment and social functioning"

The criteria (a) (b) or (c) on the previous page explains the basis of our assessment process for people with a learning difficulty. Can you please indicate under which criteria you are signing this application, and sign in the appropriate place.

If you would prefer to speak to a member of staff from the Accessible Transport Unit confidentially, please ring 020 8831 6312/6191

Details of Applicant

Name: _____

Address: _____

DOB: _____

Confirmed under Criterion **(a)** **(b)** **(c)** please circle as appropriate

I can **confirm** the applicant meets the criteria

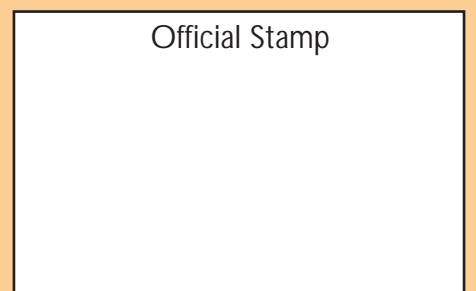
Any additional supporting comments:

I **cannot confirm** the applicant meets the criteria

Reason unable to confirm:

Signed: _____

Date: _____



PART E

ELIGIBILITY ASSESSMENT DRIVING LICENCE

**THIS MUST BE COMPLETED IF YOU HAVE SAID YES TO Part B7
(you should also have completed Part C)**

Please read the following items and complete the form where relevant to you.
The form must then be signed and stamped by your GP or medical professional to confirm the information you are providing.

Applications can be considered under this criterion in 3 ways, please ✓ the relevant

a) **You had a driving licence** and this has been withdrawn.

You have applied for a driving licence,
but have been refused for medical reasons.

If you are applying under this criterion, you will need to send a letter of confirmation from the Department and Vehicle Licensing Agency (DVLA). If this does not state the medical reason why your licence has been withdrawn or how long it has been withdrawn for (if this is known), we will need this information provided separately, and this will need to be of an official nature, it is not enough for you to tell us, it must be written evidence from someone like the DVLA, GP or other medical professional.

b) **You have a driving licence** but do not have evidence confirming your licence would be withdrawn.

If you are applying under this criterion, you will need to send us information confirming why your licence would be withdrawn, and how long it would be withdrawn for (if this is known). This will need to be of an official nature, it is not enough for you to tell us, it must be written evidence from someone like the DVLA, GP or other medical professional.

c) **You do not have a driving licence** and would be refused if you applied.

If you are applying under this criterion, you will need to send us information confirming why you would be refused a licence, how long it would be refused for (if this is known). This will need to be of an official nature, it is not enough for you to tell us, it must be written evidence from someone like the DVLA, GP or other medical professional.

What you need to do

If you do not have any letters or official paperwork that you can send to us to confirm the information requested, you must complete the following page 'Section 2 - Reason' the GP Confirmation is for your GP or medical professional to sign and confirm the information/reason.

SECTION 2 - REASON

Reason driving licence withdrawn or would be refused:

How long will your licence be withdrawn or refused (if known)

GP CONFIRMATION

This applicant is applying for a Freedom Pass under the Transport Act 2000 category (g) *"would if he applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, have his application refused pursuant to Section 92 of the Act (physical fitness) other than on the ground of persistent misuse of drugs or alcohol"*

The applicant does not have any official correspondence to confirm his eligibility, and has completed the above section to explain why he may qualify for a Freedom Pass. Can you please sign as appropriate, and if you have additional comments this would be very useful.

If you would prefer to speak to a member of staff from the Accessible Transport Unit confidentially, please ring 020 8831 6312/6191

I can **confirm** that the applicant, in my opinion, would be turned down for a driving licence.

Comments: _____

I **cannot confirm** that the applicant, in my opinion, would be turned down for a driving licence.

Comments: _____

Signed: _____

Date: _____

Practice Stamp

PART F

DECLARATION

This section must be completed by all applicants

PLEASE READ AND SIGN THE FOLLOWING:

I declare that to the best of my knowledge all the statements I have made on this form are true and I agree to The London Borough of Richmond contacting my GP/Health Professional if necessary for the purpose of obtaining information in support of my application.

I am permanently resident in The London Borough of Richmond and accept the conditions of use listed overleaf. I understand that the provision of any false information as part of this application may render me liable to prosecution. I understand that information about me may be kept on computer in accordance with the Data Protection Act 1998.

Signature of applicant* _____ Date _____

***If you are unable to sign the Declaration yourself, it may be signed on your behalf**

Name: _____

Relationship to applicant: _____

PART G

G.P. Confirmation - (confirmation of Part C)

The GP only needs to sign this if you are applying under the Physical Disability Criteria 3.3 and have completed part C.

I **confirm** that the contents relating to health and mobility in this application form are correct*

I **cannot confirm** that the contents relating to health and mobility in this application form are correct*

*please cross through whichever statement is not applicable, before signing and stamping the form.

If you would prefer to speak to a member of staff from the Accessible Transport Unit confidentially, please ring 020 8831 6312/6191.

Name: _____

Signature: _____

Date: _____ Tel: _____

Practice Stamp

CHECK LIST

PROOF OF RESIDENCY

One of the following documents must be provided to prove you live in the London Borough of Richmond, the documents must be addressed to you personally and issued in the last 3 months (please tick the relevant boxes).

- | | |
|--|---|
| <input type="checkbox"/> DSS Benefits Book | <input type="checkbox"/> Rent Book or Tenancy Agreement |
| <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Council Tax Bill |
| <input type="checkbox"/> Bank Statement | <input type="checkbox"/> TV Licence |

PHOTOGRAPHS

Please enclose 2 recent passport size photographs with your name printed on the back. These will be returned if your application is unsuccessful.

EVIDENCE OF DISABILITY/ ILLNESS

Please check if you have remembered the relevant allowance or medical evidence from PART B, D or E.

PLEASE RETURN YOUR FORM TO:

Freedom Pass Section
Accessible Transport Unit
4 Waldegrave Road
Teddington
TW11 8HT

Please note that you may be contacted to take part in surveys, regarding the use of your freedom pass.

ADDITIONAL INFORMATION (Continued)

CONDITIONS OF USE

All passes are issued subject to the conditions printed on them. These are:

- 1 This freedom pass is issued subject to the conditions of Carriage, which can be obtained from Transport for London ticket selling outlets.
- 2 freedom pass remains the property of Transport for London and is not transferable. It may only be used by the holder whose name appears on the front and may not be used by anyone else.
- 3 It is valid for travel only with a photocard bearing the same name. Both freedom pass and photocard must be shown to ticket checking staff. They must be produced for inspection on each journey whether demanded or not.
- 4 freedom pass is not valid if illegible, damaged or altered. Ticket checking staff may withdraw any pass which appears to be invalid.
- 5 freedom pass is available for free or reduced fare travel only at the times and on the services shown in the booklet issued with it or in other notices.
- 6 Services and timetables are subject to alteration without notice.
- 7 If the freedom pass holder moves from the Greater London area the pass must be surrendered to the address shown below.

**Oyster Card Centre
55 Broadway
London
SW1H OBD**

**The freedom pass and photocard are for your personal use only
and must not be used by anyone else.**

freedom pass is the 'travel permit' for the purposes of the GLA 1999 Act.
The freedom pass scheme is managed by the ALG on behalf of all London councils
- you can contact us on 020 7747 4858 or mobility@alg.gov.uk

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