

Richmond Voucher Scheme Application Form

The following questions are designed to provide the Accessible Transport Unit with a complete picture of your mobility and help us understand the effect your disability or medical condition has on your life.

Please complete all questions as clearly and fully as you can, as it will help us reach a decision about your eligibility without unnecessary delay.

If you would like to provide any additional information or comments, relevant to your application, please use the space provided on Page 7 of this form.
Any supporting documents such as a GP, consultant or other health or disability related letter can also be enclosed with your application form.

If we cannot make a decision based on the information provided in your application form, we will invite you to come in for a mobility assessment with an Independent Occupational Therapist who will offer us their professional opinion about your mobility.

**If you have difficulty completing this form please contact:
020 8831 6312 or 020 8831 6097 for support.**

Personal Details

Title: Mr / Mrs / Ms / Miss / Other (please specify): _____

Surname: _____

First Name(s): _____

Address: _____

Post Code: _____

Telephone Number: _____ Date of Birth: _____

Email Address: _____

Communication Information

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

Accessible Transport Unit, 4 Waldegrave Road, Teddington TW11 8HT
Tel: 020 8831 6312 / 020 8831 6097

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.

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

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।

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, TW1 3BZ.

Richmond Information Centre, Old Town Hall, Whittaker Avenue, Richmond, TW9 1TP.

GP/Consultant Details

NAME of GP or Consultant: _____

ADDRESS of GP or Consultant: _____

TEL No. of GP or Consultant: _____

We may need to contact your GP or Consultant for more information about your health condition or disability. If you do not wish us to do so please tick the box

→ You will need to take or send this form to your GP or Consultant, before returning it to us, for them to sign and confirm the information you have provided in this form about your health and mobility difficulties. (See page 10 of this form).

Health

1) What is the nature of your health condition/disability? i.e. medical names or if you do not know the medical name, a description of the condition.

2) Is your health condition/disability:

- Long term? (likely to last longer than 12 months) YES NO
- Short term? (likely to last less than 12 months) YES NO

2a) If you have ticked 'YES' to **Short Term**, how long is your health condition or disability likely to affect your mobility?

0-3 months 3-6 months 6-9 months 9-12 months

2b) If you have ticked 'YES' to **Long Term** is there any reason why you feel the London Taxicard Scheme* is unsuitable for you?

* **Please Note:** The Richmond Voucher Scheme is primarily designed to assist people with temporary mobility difficulties that need help with transport on a short term basis. People with long term mobility difficulties are usually more suited to the Taxicard scheme. **Both black taxis and minicabs are now available on the Taxicard Scheme.** Please phone 020 8831 6312 if you require information about the Taxicard Scheme.

3) What mobility difficulties do you experience due to your health or disability?

4) How often do you experience these difficulties?

All the time On and off throughout the day Occasionally

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

5a) If 'YES' please list the medication you are on:

6) Are you currently receiving or are expecting to receive any treatment(s)?

YES NO

6a) If 'YES' please tell us what kind of treatment, how often and where it occurs?

Daily Activities

7) Do you receive help from family/friends, carers, social services or health services with daily tasks, such as washing, dressing, shopping or housework? If you do, please tell us what they do and how often e.g. takes me shopping once a week.

Family & Friends

Private Carers

Social Services

Health Services

8) Have you been issued, or have you purchased, any special equipment to help you mobilise or carry out tasks?

YES NO

8a) If 'YES' please describe:

9) Has your home been altered in any way to help you? If so, please describe:

Use of Other Transport Services and Concessions

10) Do you have a Freedom Pass? YES NO

10a) If 'YES' do you use it? YES NO

10b) If you do not use it, please explain why not _____

11) Do you ever use a local voluntary care group for help with transport?

E.g. FISH, The Greenwood Centre, Richmond Good Neighbours, Twickenham HANDS, Whitton Network, Kew Neighbourhood Association, Ham and Petersham SOS.

YES NO

11a) If 'YES', where do they take you and how often? _____

12) Do you have a Blue Badge? YES NO

13) Do you use Dial a Ride? YES NO

Public Transport

14) Are you able to use public transport? YES NO

14a) If 'YES' please tick which type you currently use and indicate how many times a week you use that form of transport.

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? _____

14b) When using public transport:

• do you have to be accompanied? YES NO

• do you need someone to help you on and off? YES NO

• do you need to use any aids e.g. stick, frame? YES NO

14c) If you do not use public transport, please tell us why?

Car Use

15) Do you have the use of a car? **As a Driver** **As a Passenger**
YES NO YES NO

15a) If 'YES' to either of above questions, please state when a car is available?

16) As a driver or a passenger, does your health condition or disability effect how often you can make use of a car?

YES NO

16a) If 'YES', please explain? _____

Mobility

17) Are you a wheelchair user? YES NO
17a) If 'YES' when do you use it? Indoors Outdoors Both
17b) How often do you use it? Always Every day Sometimes

18) Are you a mobility scooter user? YES NO
18a) If 'YES' when do you use it? Indoors Outdoors Both
18b) How often do you use it? Always Every day Sometimes

19) Are you able to walk without walking aids? YES NO

19a) If 'NO' please state which aids you use, _____
(walking stick(s), frame, trolley)

19b) How often do you need to use walking aids?

Always Every day Sometimes

20) How far can you usually walk? _____

As a guide to assist you with distance, a double decker bus is about 10 metres / 33 feet long. A football pitch is about 108 metres / 115 yards long.

20a) What stops you from walking further? _____

21) How long can you stand, either aided or alone, before needing to sit down?

0-1 Minute 1-3 Minutes 3-5 Minutes
 5-10 Minutes 10 - 20 Minutes 20 Minutes +

21a) What prevents you from standing any longer?

Pain Balance Other please specify _____

Additional Information

Please use the following space to write any further comments that you feel will support your application.

What type of journey do you need the Voucher Scheme for?

Please state below how many of each type of journey you will need to attend in the period of time you have ticked in 2a), or if you have ticked long term in one year.

MEDICAL APPOINTMENTS:

Type	Number of Journeys in period ticked
GP – Doctor	
Dentist	
Any other medical appointments (please state)	

OTHER TYPES OF JOURNEYS:

Type	Number of Journeys in Period Ticked
Chiropodist	
Hairdresser	
Social visits	
Any other (please state)	

EQUALITIES MONITORING

This information will be kept confidential. It will only be used to improve Council services and enable the Council to measure whether all sections of the community are accessing services.

• **Ethnic Background** - Please tick one box in this section

A **White**

- British
- Irish
- Eastern European
- Any other White background (please specify).....

B **Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background (please specify).....

C **Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Afghan
- Any other Asian background (please specify).....

D **Black or Black British**

- Caribbean
- African
- Any other Black background (please specify)

E **Other Ethnic Background**

- Chinese
- Vietnamese
- Middle Eastern
- Gypsy/Traveller/Romany
- Any other ethnic background (please specify)

• **Religion/Belief** – If appropriate, please indicate your religion/belief

- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Other (please specify)
- None

Checklist - Richmond Voucher Scheme

Please check that you have included the following before returning your form to the Accessible Transport Unit:

- **2 PASSPORT SIZE PHOTOGRAPHS (new applicants only)**

Existing members with photocards who are renewing their memberships do not need to supply any photographs.

If you are unable to have a photograph taken in a booth, we can accept any suitable photograph cut down to size. **Please write your name on the reverse of your photographs.**

- **PROOF OF RESIDENCY IN THE BOROUGH.**

This must be an official letter addressed to you and delivered through the post. The letter must be dated within the last three months.

Examples include a gas, electricity or council tax bill; a home telephone number statement (mobile phone statements are not suitable); a bank, building society or credit card statement; letter of pension entitlement or Department of Work and Pensions letter; a current Council or Housing Association rent book; or a current television licence.

- **HAVE YOU SIGNED THE APPLICATION FORM?**

Make sure you have signed the Applicant's declaration on page 10.

- **HAS YOUR GP/CONSULTANT SIGNED YOUR FORM?**

Your GP or Consultant must tick one box and sign and date the form on the bottom of page 10.

- **HAVE YOU COMPLETED ALL OF THE QUESTIONS?**

Please make sure you have completed all the information requested on the form, your application will be delayed if anything is missing and we have to return it.

Please return your completed application to:

**Accessible Transport Unit – Voucher Scheme
London Borough of Richmond
4 Waldegrave Road
Teddington
TW11 8HT**

Please ensure that the correct postage is used when returning your application. Incorrect postage can result in receipt of your application being delayed.

Applicant's Declaration

I declare that the information supplied on this form is correct to the best of my knowledge. I agree to inform The Accessible Transport Unit if my circumstances change, if my mobility improves or I become able to use public transport.

SIGNATURE OF APPLICANT*: _____ **DATE:** _____

* If you are unable to sign the declaration yourself it may be signed on your behalf. If someone is signing on your behalf please enter their name and relationship below.

NAME: _____ **RELATIONSHIP TO APPLICANT:** _____

Health/Medical Professional's Declaration

THE SECTION BELOW MUST BE COMPLETED BY YOUR GP or CONSULTANT

CONFIRMATION OF INFORMATION

I **CONFIRM** that the statements relating to health and mobility contained within this form are correct to the best of my knowledge **

I **CANNOT CONFIRM** that the statements relating to health and mobility contained within this form are correct to the best of my knowledge **

** *Please tick box relevant box before signing and stamping the form.*

NAME: _____

SIGNATURE: _____

DATE: _____

TEL: _____



Practice Stamp

Personal Information Policy

The Council respects your privacy rights and is committed to ensuring that it protects your details, the information about your dealings with the Council and other information about you available to the Council (“your information”).

Unless you are told otherwise, the Council will use your information to:

- Deal with your requests and administer its Departmental functions (e.g. to assist the processing of your application and in providing an effective service)
- Meet its statutory obligations
- Prevent and detect fraud
- Conduct surveys and research
- Contact you with information about activities and events involving the Council or with offers that it thinks may be of interest to you.

The Council may share your information (but only the minimum amount of information necessary to do the above and only where it is lawful to do so) with other Departments within the Council (including elected members), central government Departments, law enforcement agencies, statutory and judicial bodies, community services providers and contractors that process data on its behalf.

The Council may also use and disclose information that does not identify individuals for research and strategic development purposes.

If you do not want to receive information about offers, activities and events from the Accessible Transport Unit (ATU) please contact us on 020 8831 6312.

If you do not wish to be contacted by the Accessible Transport Unit (ATU) for research purposes (excluding research or surveys the Council is required to conduct) please contact us on 020 8831 6312.

Please also let the Council know if your details change by contacting the Accessible Transport Unit (ATU) at 4 Waldegrave Road, Teddington TW11 8HT. Tel: 020 8831 6312 so that we can update your information.

You have a right to see your information (subject to certain exceptions and the payment of a fee). If you have any requests concerning your information or any queries with regard to the Council’s processing, please contact the Public Information Officer for Adult and Community Services on 0208 891 7135.

(September 2009)

FOR OFFICE USE ONLY

Approved by: _____ Date: _____

Decision agreed by: _____ Date: _____

Reason approved: _____

Length of membership: _____ Vouchers allocation: _____

Comments: _____

REFERRED TO TAXICARD SCHEME

Reason: _____

Voucher Scheme application used for switchover to Taxicard

NOT APPROVED

Not Approved by: _____ Date: _____

Decision agreed by: _____ Date: _____

Reason not approved: _____

Mobility Assessment Required Assessment date: _____

Mobility Assessment Decision APPROVED NOT APPROVED

Appeal Stages: _____

Appeal Date: _____ Outcome of Appeal: _____
