

# Application Form Disabled Persons Freedom Pass

## PART A - 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\*: \_\_\_\_\_

Name at Birth (if different)\*: \_\_\_\_\_

Town of Birth\*: \_\_\_\_\_ Country of Birth\*: \_\_\_\_\_

National Insurance Number/Child Registration Number: \_\_\_\_\_

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

Postcode\*: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### • GP or Medical Professional contact details

Please give details of a GP or Medical Professional who knows about your health condition or disability and who you agree that we can contact for more information if needed.

Name of GP or Medical Professional: \_\_\_\_\_

Name and Address of Surgery: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### • Next of Kin contact details This may be a family member, carer or other emergency contact.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## **PART B – Automatic Eligibility Criteria**

Part B of the form lists the automatic eligibility criteria. Please tick the relevant box for each question. If you answer **Yes** to one or more of these questions you automatically qualify for the scheme.

### **HIGHER RATE MOBILITY DISABILITY LIVING ALLOWANCE**

**B1) Do you receive Higher Rate Mobility of Disability Living Allowance?      Yes [ ] No [ ]**

If **Yes**, have you been awarded this benefit indefinitely?    Yes [ ]    No [ ]

If you have not been awarded this benefit indefinitely, when it is due to end? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

If you receive higher rate mobility of disability living allowance please provide an original letter of entitlement dated within the last 12 months. If your award is for a limited period, your eligibility for the Freedom Pass will only last as long as that period. If you do not have a letter of entitlement dated within the last 12 months you can order one by calling 08457 123456.

**If you can provide this letter and are applying under this criteria, please now go to Part F.**

### **BLIND OR PARTIALLY SIGHTED**

**B2) Are you blind or partially sighted?      Yes [ ] No [ ]**

If **Yes**, do you give us consent to check the London Borough of Richmond upon Thames register of blind /partially sighted people to verify this?      Yes [ ] No [ ]

If **No**, or you are not registered with the London Borough of Richmond, please provide a copy of your Certificate of Vision Impairment (CVI) or BD8 form signed by a Consultant Ophthalmologist.

**If you can provide this evidence and are applying under this criteria, please now go to Part F.**

### **DEAF**

**B3) Are you profoundly or severely deaf?      Yes [ ] No [ ]**

If **Yes**, please provide an audiological report or report from an aural specialist.

**If you can provide this report and are applying under this criteria, please now go to Part F.**

### **NO SPEECH**

**B4) Are you without speech?      Yes [ ] No [ ]**

If **Yes**, please provide recent medical evidence that you are unable to communicate orally in any language.

**If you can provide this evidence and are applying under this criteria, please now go to Part F.**

### **LONG TERM LOSS OF USE OF ARMS**

**B5) Do you not have arms or have you lost long-term use of both arms? Yes [ ] No [ ]**

If **Yes**, please provide medical evidence.

**If you can provide this evidence and are applying under this criteria, please now go to Part F.**

### **WAR PENSIONERS MOBILITY SUPPLEMENT**

**B6) Do you receive the War Pensioner's Mobility Supplement? Yes [ ] No [ ]**

If **Yes**, please provide an original letter of entitlement to this benefit. A replacement can be ordered from the Service Personnel and Veterans Agency (SPVA) on 0800 169 2277.

**If you can provide this letter and are applying under this criteria, please now go to Part F.**

### **LEARNING DISABILITY**

**B7) 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 [ ]**

*A learning disability is different from 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 difficulties in learning specific academic skills. This is despite normal intellectual/cognitive abilities.*

If **Yes**, please answer the following questions (a-d).

**a) Are you registered with the council's Learning Disability Service? Yes [ ] No [ ]**

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.

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

If **Yes**, please state the school/college you attend \_\_\_\_\_

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

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

**d) Do you receive Disability Living Allowance? Yes [ ] No [ ]**

If **Yes**, please provide an original letter of entitlement dated within the last 12 months. If you do not have an entitlement letter dated within the last 12 months you can order one from the Department for Work and Pensions on 08457 123456. You automatically qualify for a Freedom Pass if you receive the Higher Rate Mobility of Disability Living Allowance (see B1).

**The council's Learning Disability Service will look at applications under this criteria based on the evidence you provide, or their knowledge of you, if you are registered with the service.**

**If you are applying under this criteria, please now go to Part F.**

## PART C – Medically Unable to Drive Eligibility Criteria

Part C is for people applying because they have a condition which would prevent them from obtaining a driving licence or have had a driving licence refused or withdrawn on ground of medical fitness.

**C1) Have you been refused a driving licence or had a driving licence withdrawn because you are considered medically unfit to drive? This must be for reasons other than persistent misuse of drugs or alcohol. Yes [ ] No [ ]**

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

If the DVLA letter does not state the medical reasons for refusal/withdrawal of your licence; or if the DVLA letter is not dated within the last 12 months, you will also need to provide separate medical evidence about your health condition or disability. The medical evidence needs to be from a GP, consultant or other medical professional and must be dated within the last 12 months. You may choose to provide several pieces of medical evidence, such as letter(s) from GPs or consultants and/or neurological reports, to help us establish your eligibility more quickly.

**It is up to you (the applicant) to provide the necessary information to confirm your eligibility. If you can provide this evidence and are applying under this criteria, please now go to Part F.**

**C2) Do you have a medical condition or disability which would prevent you from obtaining a driving licence; or for which your driving licence could be withdrawn? This must be for reasons other than persistent misuse of drugs or alcohol. Yes [ ] No [ ]**

If **Yes**, please provide medical evidence why you would be refused a licence, or have it withdrawn, and how long it would be refused/withdrawn for (if known).

This must be from a GP, consultant or other medical professional and must be dated within the last 12 months. You can include several pieces of medical evidence, such as letter(s) from GPs or consultants and/or neurological reports, to help us establish your eligibility more quickly. Any letters from DVLA about refusal or withdrawal of your licence will support your application.

**It is up to you (the applicant) to provide the necessary information to confirm your eligibility. If you can provide this evidence and are applying under this criteria, please now go to Part F.**

### 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. Those currently barred from holding a licence are people with:

- 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 may depend upon the severity of the condition, not all people with mental disorders would be refused a 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.

Where there is some doubt about whether a person would be refused a licence, please refer to the DVLA guidelines for medical practitioners for further information. This is available at [www.direct.gov.uk](http://www.direct.gov.uk).

## PART D – Assessed Walking Eligibility

Part D is for people who do not automatically qualify. Complete Part D if you have answered **No** to all of the previous questions (or do not have the necessary evidence) and you have a severe mobility impairment which makes walking very difficult. This information will help us assess your eligibility.

**IMPORTANT NOTE:** Applicants who do not automatically qualify for the scheme should provide recent medical evidence of their health condition/disability to support the application. Providing this will help speed up the application and may mean that you do not need to attend a mobility assessment in order for us to establish your eligibility for the scheme.

**D1) What are the medical names for your health condition/ disability?** If you do not know the medical names please describe in your own words.

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**D2) How often is your mobility limited as a result of your health condition/disability?**

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

**D3) How long have you had your current health condition/ disability?** \_\_\_\_ years \_\_\_\_ months

**D4) How long is your health condition/ disability likely to affect you?** \_\_\_\_ years \_\_\_\_ months

**D5) Are you on medication for your health condition/ disability?** Yes [ ] No [ ]

If **Yes**, please list medication: \_\_\_\_\_

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**D6) Are you currently receiving or expecting to receive any treatment for your health condition/ disability?** e.g. physiotherapy, surgery, radiotherapy, chemotherapy, home care etc.

Yes [ ] No [ ]

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

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**D7) Do you use a wheelchair?** Yes [ ] No [ ]

If **Yes**, when do you use it? Indoors [ ] Outdoors [ ] Both [ ]

How often do you use it? Always [ ] Every day [ ] Sometimes [ ]

If you are a wheelchair user, please send in medical evidence of this e.g. GP/consultant letter or medical report. Providing this will mean you will not have to attend a mobility assessment

**D8) Do you use a walking aid?** Yes [ ] No [ ]

If **Yes**, what type(s) of walking aid do you use? \_\_\_\_\_

**D9) How often do you use the walking aid?** \_\_\_\_\_



## PART F - Declaration and Signatures

- Please read the following declarations thoroughly.
- Please tick all relevant boxes to indicate that you have read and understood each declaration.
- Not ticking one of these declarations may mean we are unable to issue you with a Freedom Pass.
- 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 transport 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 photographs I have submitted with my application are a true likeness.
- 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 any Freedom Pass issued to me and will return the Freedom Pass should I no longer be eligible. This includes change of address.
- 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 in support of my application.
- I understand that I may be required to undertake an assessment with a healthcare professional who is independent of my existing care and treatment in order to determine my eligibility for the Freedom Pass for which I am applying.
- I understand that, if my application is successful, I must not allow any other person to use the Freedom Pass issued to me and that I must only use the Freedom Pass in accordance with the rules of the scheme. If I become aware that another person is using the Freedom Pass I will report this to the Council immediately.
- I consent to the local authority checking any information already held by the local authority's Social Services department on the basis that:
  - It can help determine my eligibility for the 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.

**Applicants 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.

<b>Name</b>	<b>Relationship</b>
<b>Telephone Number</b>	
<b>Reason applicant is not signing:</b>	

## PART G - Checklist

### G1) One passport photograph with your name on the reverse tick

- Photographs need to be to passport standard as they will be scanned.
- Photographs not to this standard will be returned and new ones requested.
- It must be recent, in colour against a plain background, be a full face shot free of reflection from glasses. No one else can be in the photograph. Your name must be on the reverse.

### G2) The relevant proof of entitlement or evidence to support your application, e.g: tick

- Disability Living Allowance letter of entitlement (dated within last 12 months).
- Service Personnel and Veterans Agency letter of entitlement.
- Certificate of Visual Impairment or BD8
- Statement of Special Educational Needs
- Letter from DVLA
- Relevant medical evidence - medical reports or letters from GP's or consultants.

**IMPORTANT NOTE:** Applicants who do not automatically qualify for the scheme (see Part B) should provide recent medical evidence of their health condition/disability to support their application. Providing this will help speed up your application and may mean that you do not need to attend a mobility assessment in order to establish your eligibility for the scheme.

### G3) Proof of residence in the London Borough of Richmond upon Thames. tick

We need to check you are a resident in this local authority before we can process your application. Please provide one of the following, dated within the last 3 months.

- A residential utility bill (gas, electric, telephone, water) - mobile phone bills are not suitable
- TV Licence / exemption
- Rent book or tenancy agreement
- Benefits / Pension letter or book (i.e. DLA or SPVA letter if dated in last 3 months)
- Council tax bill / statement.
- Home contents insurance document confirming current policy
- Bank or building society statement
- Domiciliary care bill

### G4) Proof of Identity tick

We need to check your identity to reduce the potential for fraudulent applications.

Please supply a copy of one of the following as proof of identity

- Valid driving licence (photocard)
- Passport / Certificate of British Nationality
- Birth/Adoption Certificate (with marriage or change of name certificate if name is now different)
- Marriage / Civil Partnership / Divorce / Dissolution Certificate
- HM Forces ID card

### G5) A complete application form tick

- Declaration – Part F must be read, signed and dated.
- Questions should be answered as fully as possible to help speed up your application.
- You may choose to complete the Equality Monitoring section Part H (optional)

Please return form to: **The Accessible Transport Unit**  
**4 Waldegrave Road**  
**Teddington**  
**TW11 8HT**

Tel: **020 8831 6312**

## PART H - Equality Monitoring

This information will be kept confidential, and 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 & Black Caribbean  White & Black African  White & Asian  Any other Mixed background please specify \_\_\_\_\_
- C) Asian or Asian British  Indian  Bangladeshi  Pakistani  Afghan  Any other Asian background please specify \_\_\_\_\_
- D) Black or Black British  African  Caribbean  Any other Black background please specify \_\_\_\_\_
- E) Other  Chinese  Vietnamese  Middle Eastern  Gypsy/Traveller/Romany  Any other ethnic background please specify \_\_\_\_\_

### Religious Belief – If appropriate, please specify your religion/belief

- Christian  Muslim  
 Buddhist  Sikh  
 Hindu  Other – please specify \_\_\_\_\_  
 Jewish  None

**Disability - Do you have any disability ?** Yes  No

If Yes please specify:

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

### 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 6096 / 0208 831 6191

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