

# APPLICATION FORM FOR THE LONDON TAXICARD SCHEME



## Section 1 - PERSONAL DETAILS

**IMPORTANT:** You must supply correct proofs. See the accompanying 'Guidance to the completion of the Taxicard application form'. Please complete your details in **BLACK INK AND CAPITAL LETTERS**.

FEMALE

☐

MALE

☐

TITLE

SURNAME

FIRST NAME (in full)

PERMANENT  
ADDRESS




POST CODE

I AM RESIDENT  
IN THE LONDON  
BOROUGH OF



(If you are unsure about which borough you live in, ask at your nearest town hall or library)

TELEPHONE NUMBER  
(Land Line)

MOBILE PHONE  
NUMBER

EMAIL ADDRESS



DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
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NATIONAL INSURANCE  
NUMBER

**TAXICARD** The Taxicard is a travel concession permit for eligible persons. The service is managed by London Councils on behalf of all London Local Authorities. For more information about the Taxicard Scheme please visit: **[www.taxicard.org.uk](http://www.taxicard.org.uk)** or contact us: by email: **[taxicard@londoncouncils.gov.uk](mailto:taxicard@londoncouncils.gov.uk)**  
By telephone: **0845 415 4156**

**Section 2**  
PHOTOGRAPH

PLEASE ENCLOSE  
PASSPORT SIZE  
PHOTOGRAPH

**Section 3 - AUTOMATIC QUALIFICATION**

**IMPORTANT:** You must supply correct proofs. See the accompanying ‘Guidance to the completion of the Taxicard application form’.

I claim that I am eligible for the Taxicard scheme because:

**PLEASE TICK ONE BOX ONLY IN THIS SECTION**

- ☐ I receive the Higher Rate Mobility Component of the Disability Living Allowance and I attach a photocopy of my letter of entitlement.
- ☐ I am registered severely sight impaired/blind and I attach a photocopy of evidence of registration with my Local Authority.
- ☐ I receive a War Pension Mobility Supplement and I attach a photocopy of my letter of entitlement.
- ☐ If NONE of the above is applicable, your doctor must sign and stamp SECTION 4 below.
- ☐ I receive 8 points or more for the moving around activity component of PIP and I attach a photocopy of my letter of entitlement

**Section 4 - DOCTOR’S CONFIRMATION**

**If Section 3 does NOT apply to you, your doctor must confirm the following:**

PLEASE DETAIL THE PATIENT’S DISABILITY WHICH MAKES IT DIFFICULT FOR THEM TO USE PUBLIC TRANSPORT


Is the patient’s disability long term? (likely to last at least 12 months)      YES ☐      NO ☐

DOCTOR’S NAME 

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PRACTICE NAME AND ADDRESS 


DOCTOR’S SIGNATURE

PRACTICE STAMP

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**Section 5 - OTHER INFORMATION**

PLEASE TICK AS APPROPRIATE

Do you use a wheelchair

☐ Y☐ N

Do you have an Older Person's Freedom Pass?

☐ Y☐ N

Do you have a Disabled Person's Freedom Pass?

☐ Y☐ N

Do you have a Blue Badge Parking Permit?

☐ Y☐ N

If you have a Blue Badge please enter the Serial Number here:

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**Section 6 - ETHNIC ORIGIN\*****TICK THE RELEVANT BOX****(a) White**☐ British☐ Irish☐ Gypsy or  
Irish Traveller**(b) Black or  
Black British**☐ Caribbean☐ African**(c) Mixed**☐ White/Black  
Caribbean☐ White and  
Asian☐ White/Black  
African**(d) Asian or  
Asian British**☐ Indian☐ Pakistani☐ Bangladeshi☐ Chinese**(e) Other  
Ethnic Group**☐ Arab☐ Any other White  
please write  
in above☐ Any other Black  
please write  
in above☐ Any other mixed  
please write  
in above☐ Any other Asian  
please write  
in above☐ Any other  
please write  
in above☐ I do not wish to say

The purpose of this section is to provide information on whether we are delivering services in an appropriate manner across the whole community. This information is confidential and failing to complete it will not prejudice your application. If you do not wish to fill it in please tick the box 'I do not wish to say' above.

\* These categories are taken from Census 2011.

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## Section 7 - DATA PROTECTION

In order to provide you with this service your information will be disclosed to the London borough in which you reside. Your information will be used by London Councils and the London boroughs to process your application for a Taxicard, to promote and achieve equal opportunities and to improve the scheme (including to assess the services available to Taxicard users), and may also be used for other compatible purposes. Your personal information will not be disclosed to third parties unless it is required by law. Please note that all personal information you provide on this form or in support of your application, will be processed by London Councils and the London boroughs in compliance with the Data Protection Act 1998.

Your information may be used to contact you about initiatives which we believe to be of direct benefit to you or to consult you about the Taxicard Scheme, with the aim of improving the services to you.

**If you do not wish to receive this information or to be consulted, please indicate below by ticking the box provided.**

I am willing to be consulted.

☐ Y☐ N

I wish to be contacted about other services and initiatives.

☐ Y☐ N

How did you hear about the London Taxicard Scheme?

☐

Newspaper

☐

Magazine

☐

TV/Radio

☐

Internet

☐

Leaflet

☐

Transport for All

☐

Word of Mouth

☐

Local Council  
Office

☐

Other

(Please specify):

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## Section 8 - PROOF OF IDENTITY AND RESIDENCE

**You must provide ONE example from Section 8a below as proof of identity**

(These should be photocopies. Please do not send originals as these cannot be returned to you)

### Section 8a

- ☐ Copy of current Passport
- ☐ Copy of NHS Medical Card
- ☐ Copy of Birth Certificate \*(unless your name has changed)
- ☐ Copy of photocard or paper Driving Licence
- ☐ Copy of letter of entitlement to the Higher Rate Mobility Component of the Disability Living Allowance
- ☐ Copy of letter of entitlement to PIP (moving around activity)

**You must provide ONE example from Section 8b below as proof of residence**

(These should be photocopies)

### Section 8b

- ☐ Copy of Current Council Tax Bill/Letter/Payment Book
- ☐ Copy of current Council Housing Association Rent Book/Statement/Letter
- ☐ Copy of current Television Licence
- ☐ Copy of home or contents insurance documents
- ☐ Copy of tenancy agreement

**The items below marked with an \* must be dated in the last 3 months**

- ☐ Residential utility bill (excluding mobile phone bill) e.g. gas, electricity, phone, water \*
- ☐ Residential Personal Bank/Building Society/Credit Card statement or Bank letter \*
- ☐ Copy of HM Revenue and Customs letter \*
- ☐ Copy of letter of entitlement to benefits or pension \*
- ☐ Copy of domiciliary care bill \*

**Please note that if the application form is incomplete or without supporting documentation it will be necessary to return it, leading to a delay in processing your request.**

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**CHECKLIST I ENCLOSE:**

☐ PROOF OF ENTITLEMENT

☐ PROOF OF IDENTITY  
AND RESIDENCE

☐ ONE PASSPORT SIZED COLOUR PHOTOGRAPH

## Section 9 - DECLARATION OF CONSENT

I declare that the information given on this form is true in all respects. Should any changes occur in my mobility needs, I will inform my local council immediately. I understand that you may prosecute me if I have given any information on this form, which may be wrong or untrue, or any supporting documentation, which is false or fraudulent.

I authorise my healthcare professional, Social Services Officer and any contact person nominated on this form to disclose any necessary information for the purpose of assessing my eligibility for a Taxicard.

I acknowledge that I have read, understand and accept the Taxicard conditions of use which are located in the accompanying 'Guidance to the completion of the Taxicard form' and on the Taxicard website at:

**www.taxicard.gov.uk**

APPLICANT'S SIGNATURE

DATE

If you are unable to sign the declaration yourself it may be signed on your behalf by your relative/spouse/person of authority/friend. If you are under 16 years of age your parent or legal guardian must sign this form.

SIGNATURE OF AUTHORISED PERSON

DATE

PRINT SURNAME

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PRINT FIRST NAME

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RELATIONSHIP TO  
APPLICANT

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TELEPHONE NUMBER

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Please return this form to:  
**London Councils Taxicard Section**  
**59½ Southwark Street**  
**London**  
**SE1 0AL**

**For Office Use Only: (for ESP use)**

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**For Office Use Only**

Authorising Officer:

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Signature

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Date

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Annual/Monthly Trip Allocation

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