

# Taxicard

## application form

CONFIDENTIAL



### PART A – PERSONAL DETAILS (To be completed by ALL applicants)

Surname	<input type="text"/>	Mr/Mrs/Miss/Ms/Other	<input type="text"/>
Forename	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	<input type="text"/>		
<b>Please send proof of your Camden address</b>	<input type="text"/>		
	Postcode <input type="text"/>		
Phone number	<input type="text"/>	Mobile number	<input type="text"/>
E-mail address	<input type="text"/>		
Date of Birth	<input type="text"/>	Current Age	<input type="text"/>
Please state your DOCTOR'S name and address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

#### What is your ethnic group: Please tick (✓)

Our ethnic background describes how we think of ourselves. Ethnic background is not the same as nationality or country of birth. The groups listed below reflect the largest ethnic groups in Camden. You are asked to choose the ethnic group that is closest to how you see yourself and specify a more specific group if you wish.

##### White

- ☐ White British
- ☐ White Irish
- ☐ Any other White background, please specify

##### Asian or Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Any other Asian background, please specify

##### Mixed

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed background, please specify

##### Black or Black British

- ☐ Caribbean
- ☐ Somali
- ☐ Any other Black African background, please specify

##### Chinese or other ethnic group

- ☐ Chinese
- ☐ Any other group, please specify

- ☐ Any other Black background, please specify

## PART B – DISABILITY (To be completed by ALL applicants)

Please give details of your main disability, how long you have had it and how it affects your ability to walk. If you have other disabilities that also affect your ability to get around or to use public transport please give details of these. You may continue on a separate sheet if you wish to give more information.

Your disability and the effect on your mobility:

Please list any medication that you regularly take in relation to your disability:

### Disabled Persons' Freedom Pass and Parking Concessions

If you have any of the following, please state the Badge/Pass number.

Disabled Persons' Freedom Pass

Disabled Parking Blue Badge

## PART C – AUTOMATIC ELIGIBILITY CRITERIA

### Benefits

Please tick **Yes** if you currently receive either of the following:

Disability Living Allowance Higher Rate Mobility Component Yes ☐ No ☐

War Pensioners' Mobility Supplement Yes ☐ No ☐

### Visual Impairment

Do you have a BD8/CVI confirming you are Blind/Partially Sighted? Yes ☐ No ☐

If you have ticked **Yes** to any of the above you may automatically qualify for a Camden Taxicard.  
But you must provide copies of the required proof(s)

Please go to **PART E** and sign and date the declaration.

If **none** of the above automatic eligibility criteria apply to you, please go to **PART D**.

## PART D – ABOUT YOUR PERSONAL MOBILITY

Is your disability '**substantial and permanent**'?

Yes ☐

No ☐

Are you able to walk up to 50 metres (approx. 55 yards) without experiencing pain or difficulty?

Yes ☐

No ☐

Do you use a wheelchair?

Yes ☐

No ☐

Sometimes ☐

Do you use a powered wheelchair?

Yes ☐

No ☐

Sometimes ☐

Are you able to transfer to a Taxi seat?

Yes ☐

No ☐

Do you use any *mobility aids* to assist your walking (eg. crutches, walking stick or zimmer frame)? If **Yes**, please say which below

Yes ☐

No ☐

Are you able to walk at least 50 metres without becoming *severely tired or very breathless or experiencing severe discomfort*?

Yes ☐

No ☐

Do you use any medicine, tablets or inhalers to control your condition? (If **Yes**, please say which below)

Yes ☐

No ☐

Are you able to stand for up to 20 minutes without serious difficulty?

Yes ☐

No ☐

Are you able to get on/off from a bus or train without serious difficulty? (If **No**, please say why not)

Yes ☐

No ☐

Do you require *help or assistance* when travelling?

(If **Yes**, please state what assistance required and the reason)

Yes ☐

No ☐

Do you have any other mobility problems which you would like us to be aware of?

(If **Yes**, please state below or attach an extra sheet)

Yes ☐

No ☐

## PART E – DECLARATION (To be signed by all applicants)

I confirm that the details given above are true and accurate to the best of my knowledge and I accept that the Council may make further enquiries to satisfy itself that the details provided are true.

Please confirm the following:

- I have included proof of my permanent address in Camden
- I have attached 2 passport sized photographs.

Yes

☐

No

☐

Yes

☐

No

☐

Signed

Date

## CONTACTING US

You can contact us in the following ways:

### By telephone:

Freedom Pass enquiries:	020 7974 6435
Lost Disabled Freedom Pass:	020 7974 6435
Taxicard:	020 7974 6435
PlusBus d2d enquiries and bookings:	020 7974 6435
Camden Shopmobility enquiries:	020 7482 5503 between 9:15 am and 4:30 pm Monday to Saturday
ScootAbility enquiries:	020 7974 2420
Disabled Drivers Assessment Scheme:	020 7974 2420

**Textlink:** 020 7974 6866

**By fax:** 020 7974 5540

**By e-mail:** [cats@camden.gov.uk](mailto:cats@camden.gov.uk)

**Our website:** [www.camden.gov.uk/cats](http://www.camden.gov.uk/cats)

**In writing:** Accessible Travel Solutions  
London Borough of Camden  
PO Box 64175, London, WC1A 9BY

Computer Cab (Taxicard) bookings:	020 7763 5001
Reporting lost Taxicards:	020 7934 9791
Dial-a-Ride:	020 7266 6100 or 020 7266 6106