ENFIELD Council

Dependability™

Concessionary Travel
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LONDON BOROUGH OF ENFIELD CONCESSIONARY TRAVEL APPLICATION FORM

Please tick one box only

Disabled Person's Freedom Pass ☐

Taxicard ☐

SECTION A: PERSONAL DETAILS

(If completing form on behalf of a child under 16 years of age, please provide their details in appropriate sections and sign form on their behalf)

Surname: ____________________

Title (Mr, Mrs, Miss, Ms): ____________________

Forename(s): ____________________

Date of Birth (DD/MM/YEAR): ____________________

Gender: Male: ☐ Female: ☐

Telephone Number: ____________________

Address: --

Previous address, if different in the last three years:

National Insurance Number: Letters ☐ Numbers ☐ Letter ☐

(National Insurance Numbers start with two letters, followed by six numbers, then another letter)

CONFIRMATION OF ADDRESS

Please supply a **copy** of one of the following as proof that you live in the London Borough of Enfield, dated within the last three months.

Utility bill: ☐ Rent book: ☐ Council Tax bill: ☐

CONFIRMATION OF IDENTITY

You must attach a **photocopy** of one of the following to confirm your identity.

Birth Certificate/Adoption Certificate: ☐ Passport: ☐

Valid driving license: ☐

TRANSPORT SERVICES

We would like to know what other assisted transport you have available to you. Please indicate whether or not you have any of the following.

Older Persons Freedom Pass Yes ☐ No ☐

Disabled Persons Freedom Pass Yes ☐ No ☐

Blue Badge parking scheme Yes ☐ No ☐

If yes, please include your badge number and expiry date

Badge Number ☐ Expiry date of current badge ☐

Taxicard Yes ☐ No ☐

OTHER SUPPORT

Disability Living Allowance Care ☐ High ☐

Medium ☐

Low ☐

Disability Living Allowance Mobility ☐ High ☐

Low ☐

SECTION B: ELIGIBILITY CRITERIA

You may be eligible for concessionary fares without further assessment. Please complete the following section carefully.

1. Registered Severely Sight Impaired (Blind)

Are you registered as severely sight impaired (blind) under the National Assistance Act 1948?

Yes ☐ No ☐

Registered Sight Impaired (Partially Sighted)

Are you registered as sight impaired (Partially Sighted) ?

Yes ☐ No ☐

Applicants must be registered with London Borough of Enfield. The formal notification required to register as severely sight impaired (blind) is a Certificate of Vision Impairment (CV1), signed by a Consultant Ophthalmologist

2. War Pensioners' Mobility Supplement

Do you receive War Pensioners' Mobility Supplement?

Yes ☐ No ☐

If YES, please provide recent evidence (e.g. an official letter confirming award of War Pensioners' Mobility Supplement).

3. Registered Deaf (Disabled Freedom Pass only)

Are you registered as deaf? Yes ☐ No ☐

If yes, please provide information about your deafness. i.e. registration of hearing impairment with London Borough of Enfield. Please provide an audiology report.

4. Difficulty Communicating by Speech (Disabled Freedom Pass only)

Do you have difficulty communicating by speech? Yes ☐ No ☐

Please tick the boxes that apply to you:

I am unable to speak ☐ I use Sign Language ☐

I use BSL ☐ I use Portage ☐

Other (Please give details) ☐ ----------------------------------

5. Severe Learning Difficulties (Disabled Freedom Pass only)

Do you have severe learning difficulties? Yes ☐ No ☐

I go to, or have been to, a special school or college for people with severe learning difficulties ☐

I am in a residential home for people with severe learning difficulties ☐

I have an educational statement ☐ Number of hours ☐

Please tell us your Social Workers name and contact details, if you have one:

------------------------------------ Postcode: ----------------------

6. Severe Mental Health Problems (Disabled Freedom Pass only)

Do you have severe mental health problems? Yes ☐ No ☐

How long have you been suffering from mental ill health?

Years ☐ Months ☐

Have you had any contact with a psychiatric department?

Yes ☐ No ☐

If yes, please give details:

Name of consultant: --

Name of unit: ---

Address: ---

------------------------------------ Postcode: ----------------------

7. Permanently Unable to Hold a Driving Licence (Disabled Freedom Pass only)

Do you have a permanent inability to hold a driving license on the grounds of medical fitness (not through persistent misuse of drugs or alcohol)?

Yes ☐ No ☐

Have you been refused a driving licence? Yes ☐ No ☐

Please enclose a copy of the DVLA document.

8. Do you suffer from epilepsy? Yes ☐ No ☐

If yes, please provide medical evidence, which states that the condition would impair potential driving.

If you answered YES to any questions in Section B, please go to Section D.

If you answered NO to all questions in Section B, please go to Section C.

SECTION C: ELIGIBLE SUBJECT TO FURTHER ASSESSMENT
Important Notes – please read before completing Section C

DISABLED PERSON'S FREEDOM PASS

If you have answered **NO** to all questions in Section B, you will only qualify for a Disabled Person's Freedom Pass if you are applying regarding:

- A permanent disability, or have suffered an injury, which has a substantial and long-term adverse effect on ability to walk.

(Children under 5 years of age are not eligible to apply for a Disabled Person's Freedom Pass as they are automatically entitled to free public transport)

LONDON TAXICARD

- London Taxicard is a door-to-door transport service for Londoners with serious mobility impairments and to whom public transport is not usually accessible.

- The London Taxicard should not be used for hospital appointments. Hospital transport should be contacted for all hospital appointments.

NOTES:

Please note you will not qualify for either of the above travel concessions if:

- **You do not meet the automatic or mobility assessed eligibility criteria.**
- **You have a temporary disability, such as a broken leg, or are awaiting a knee or hip replacement.**
- **You experience a psychological disorder that does not cause severe discomfort.**
- **You only experience walking problems when carrying shopping.**
- **Your condition does not continuously severely limit your ability to walk and function on a daily basis.**

INFORMATION FROM YOUR HEALTH CARE PROFESSIONAL

The London Borough of Enfield may ask you to be assessed by a mobility assessor such as a physiotherapist/occupational therapist.

We may ask for confirmation of the information you have provided, or for further information, from a suitably qualified health care professional who has treated you in relation to your disability. This could be, for example, a hospital doctor or consultant, a district or specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, audiologist. Please provide details below.

Their name: ---------------------- Their profession or specialist area: ----------------------

The address where you see them: --

Their telephone number (including the dialling code) --

Your hospital record number, if known: --

1. UNABLE TO WALK OR EXPERIENCE CONSIDERABLE DIFFICULTY IN WALKING DUE TO PERMANENT AND SUBSTANTIAL DISABILITY

Are you able to walk? (Please only tick No if you cannot walk at all)

Yes ☐ No ☐

Do you have physical problems that restrict your walking?

Yes ☐ No ☐

If Yes please give details below

Please tell us about your disability and how it affects your daily activities

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2. SEVERELY DISABLED IN BOTH ARMS

2.1 Do you satisfy **ALL** of the following?

Drive regularly Yes ☐ No ☐

Have a severe disability in both arms

Yes ☐ No ☐

Unable to operate or have considerable difficulty in operating all or some types of parking meter Yes ☐ No ☐

2.2 If you drive an adapted car, please give details of adaptation:

2.3 Please explain the difficulties you have operating parking meters and pay and display machines:

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3. HEALTH

3.1 Medical Conditions
Please tell us the names of your medical /disability problems.

Medications Taken
Please list the medication you take for your health problem or disability or attach a copy of your prescription list.

3.2 Physiotherapy
Have you had Physiotherapy treatment?

Yes ☐ No ☐

When was your last session? --

4. PERSONAL MOBILITY

4.1 Stairs

Please answer the following questions by ticking the relevant boxes.

Use of stairs: Do you have internal stairs at home?

Yes ☐ No ☐

Do you have steps to your home?

Yes ☐ No ☐

Do you have a lift?

Yes ☐ No ☐

Please indicate the level of difficulty you have in using stairs.

Not Difficult	Quite Difficult	Very Difficult	Unable to Climb Stairs
☐	☐	☐	☐

How many internal stairs do you have? ☐

4.2 Balance Problems/ Dizzy Spells

Do you have balance problems?

Yes ☐ No ☐

Have you had any recent falls?

Yes ☐ No ☐

If yes, when was the last time you fell: ---------------------------------

How many times have you fallen in the last 12 months: ---------------------------------

Please tell us about your last fall:

4.3 Mobility Aids *Please tick if any of the following apply to you:*

I use a powered wheelchair ☐ I use a manual wheelchair ☐

I need someone to push my wheelchair

Yes ☐ No ☐

I use a walking frame ☐

I use a walking stick ☐

I use an elbow crutch ☐

I use the equipment ticked above:

Sometimes ☐ Always ☐ Indoors ☐ Outdoors ☐

Who recommended the equipment? --

When did you receive your mobility aide? --

Please tell us why you were given your mobility aide.

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5. IF APPLYING ON BEHALF OF A CHILD AGED UNDER TWO YEARS (TAXICARD ONLY)

5.a Does the child have a condition requiring transportation of bulky medical equipment at all times?

Yes ☐ No ☐

If YES, what type of equipment? --

And/Or:

5.b Does the child have a condition that requires that they must be kept near a motor vehicle at all times in order to be treated for that condition in the vehicle, or to allow the child to be taken immediately to a place where they can be treated?

Yes ☐ No ☐

Please describe the child's medical condition:

5.c It would be useful if you could provide a supporting letter from your child's paediatrician giving details of the child's medical condition and the type of medical equipment they need, or provide contact details below:

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6. ACTIVITIES OF DAILY LIVING

6.1 Carer provided by Social Services

Do you have a Carer provided by Social Services who assists with personal care, eg assistance with washing and/or dressing?

Yes ☐ No ☐

If yes, how often --

Do you receive direct payments for care?

Yes ☐ No ☐

If yes, what help to you buy?

Housework ☐ Laundry ☐ Collect pension ☐ Shopping ☐

6.2 Help from Family & Friends

Do you have any help from family or friends? Yes ☐ No ☐

If yes, what do they assist with and how often ------------------------------------

Only tell us about things you cannot do yourself or have serious difficult with.

	Occasionally	1/wk	How Many Times a week	Who does this for you?
Housework	☐	☐	☐	
Laundry	☐	☐	☐	
Collect Pension	☐	☐	☐	
Shopping	☐	☐	☐	
Personal Care	☐	☐	☐	

Please describe the personal care you receive ------------------------------------

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6.3 Other Services:

Do you receive Meals-on-Wheels? Yes ☐ No ☐

Does the District Nurse visit? Yes ☐ No ☐

If so, Please tell us how often and why? ------------------------------------

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Collect Pension	☐	☐	☐	
Shopping	☐	☐	☐	
Personal Care	☐	☐	☐	

Please describe the personal care you receive ------------------------------------

----

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Do you receive Meals-on-Wheels? Yes ☐ No ☐

Does the District Nurse visit? Yes ☐ No ☐

If so, Please tell us how often and why? ------------------------------------

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7. SPECIALIST EQUIPMENT

Have you had an Occupational Therapy Assessment?

Yes ☐ No ☐

If so, were you provided with any equipment?

Yes ☐ No ☐

If yes, please give details:

Commode	☐	Bath Lift	☐
Bath Board	☐	Toilet Frame	☐
Bed Rail	☐	Hoist	☐
Shower	☐	Chair	☐
Stairlift	☐	Chair Raiser	☐
Ramp	☐	Other (Please specify):................................	

8. TRAVEL & TRANSPORT

I am a driver Yes ☐ No ☐

I rarely use public transport as I am a driver ☐

Which of the following describes your use of public transport:

	Weekly	Monthly	For Hospital appointments	Local Trips only	Do not use	Unable to use
8.1 Buses	☐	☐	☐	☐	☐	☐
8.2 Trains	☐	☐	☐	☐	☐	☐
8.3 Tubes	☐	☐	☐	☐	☐	☐

If you have indicated you are unable to use public transport please tell us why

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9. OTHER TRANSPORT

Please tick which if the following transport services you use:

Community Transport Services ☐

Social Services Transport to Day Centre ☐

Dial-a-Ride ☐

Scooter ☐

Hospital Transport ☐

Please explain why you are applying for assistance with travel. Please tell us about any help you need from others.

Please use additional paper if you wish.

10. OTHER INFORMATION

Please tell us anything else about your disability, which you feel it would be helpful for us to know.

Please use additional paper if you wish.

SECTION D: DECLARATION (TO BE COMPLETED BY ALL APPLICANTS)

I declare that, to the best of my knowledge, all the information I have provided is correct.

I understand that I must promptly inform my local issuing authority of any changes that may affect my entitlement to a concessionary travel service.

I agree to the local authority contacting an accredited health professional if necessary, for the purpose of obtaining information to support my application.

I agree to the local authority sharing information in this form with other local authorities responsible for the concessionary travel scheme and with parking enforcement agencies for the purpose of preventing and detecting crime

Data Protection Act 1998
I understand that the information supplied by me on this form will be maintained by the local authority and will not be disclosed to any other party save those who are responsible for the enforcement of parking restrictions, those responsible for discounts for congestion charging or otherwise as the law allows

I further understand that the medical information I have supplied to support this application is deemed to be 'sensitive personal data' and I consent to its disclosure only to a third party who is responsible for the operation and administration of the concessionary travel scheme and other Government Departments or agencies, to validate proof of entitlement.

Name: ....

Signature:

Please ensure you sign in the box. It will form an essential part of your application as proof of identity.

'Disabled Person's Freedom Pass/London Taxicard cannot be issued if this box is not signed.

Date (DD/MM/YEAR):

CHECKLIST

Please ensure that this form is fully completed

Section A
Section B or
Section C
Section D Declaration and Signature

Please enclose all the relevant documents.

I have enclosed: Confirmation of address
Confirmation of identity

Evidence of Disability Living Allowance, Attendance Allowance or War Pensioners' Mobility Supplement (if applicable)

Evidence in support of your response in **Section B** (if applicable)

Recent evidence in connection to application for children under two (if applicable)

Please return this form, together with all the relevant documents, to:

Concessionary Travel
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T: 020 8379 1000
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