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## TAXICARD APPLICATION FORM – GUIDANCE NOTES

### What is a Taxicard?

The London Taxicard scheme provides subsidised door-to-door transport for people who have a serious mobility impairment and have difficulty in using public transport.

**The taxicard should not be used for any personal hospital appointments. Please contact your gp or hospital to arrange patient transport.**

### Eligible people are those:

Taxicard is only for people who have a serious long-term mobility impairment, or severe sight impairment, and difficulty in using mainstream public transport. To be eligible, you must have a disability that is permanent.

If you have one of the following benefits, then you are normally entitled to a Taxicard.

- Higher Rate of the Mobility Component of Disability Living Allowance (HRMCDLA) for life / indefinite period.
- You receive 8 points or more for the moving around activity component of Personal Independence Payment
- Registered as Severely Sight Impaired/Blind.
- War Pensioner's Mobility Supplement (WPMS).

All other applications may be referred to a mobility assessment specialist for further assessment. You will be contacted separately if this is necessary.

### Medical Information:

**Please Note: recent medical evidence of your condition must be attached to your application**

**A GP's letter which can be chargeable is unnecessary but you do need to provide medical evidence of your current condition. This can be by a medical history report that shows your current and active conditions which can be obtained from your GP reception.**

**You should also attach any other supporting medical evidence in relation to your disability. These can be hospital appointment letters, x-ray reports, or any other reports in relation to your mobility problem.**

**If you fail to attach any current medical evidence it will effect the overall assessment decision in determining your eligibility under the strict discretionary criteria of the scheme (You have a permanent and substantial disability which means you cannot walk at all or you have considerable difficulty in walking) as we do need to substantiate membership to the taxicard**

scheme by way of supporting medical evidence in relation to your condition and how it affects your mobility.

# Taxicard Application Form

Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity, and evidence of eligibility.

**Please post completed applications and documents to:**

**Brent Customer Services – Independent Travel Team  
Brent Civic Centre  
EngineersWay  
Wembley  
Middlesex HA9 0FJ**

The local authority may refuse to issue a Taxicard if you do not provide adequate evidence that you meet the eligibility criteria. Brent Council reserves the right to check the information provided in an application alongside council tax and benefits databases, the electoral register, school records or any other council records for the purpose of fraud prevention. When completing this form you may find the accompanying guidance notes helpful.

Do you already have a Taxi Card?

Yes  No

If YES, what is your taxicard number: \_\_\_\_\_

## Section 1 – Information about the applicant (compulsory)

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

First names (in full):

Surname:

Date of Birth (DD/MM/YYYY):  /  /

Gender: Male  Female

Current address and contact details:

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

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

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

Home Tel: \_\_\_\_\_ Mobile Tel: \_\_\_\_\_

## Section 2 – Assessing your Eligibility

You will normally automatically qualify for the Taxicard scheme if you meet one of the following criteria, please tick the box below if applicable:

- Higher Rate Mobility Component of Disability Living Allowance for an indefinite period or for life.  
You must enclose a copy certificate or entitlement notice dated within the last six months. If you do not have a copy of this certificate, a replacement can be obtained from the Department of Work and Pension on 08457 123456.
- War Pension Mobility Supplement. You must enclose a copy of your award letter. If you do not have a copy of your award, a copy can be obtained from the Veterans Agency on 0800 169 2277.
- Registered Severely Visually Impaired or Blind. You must enclose a copy of your registration certificate of you certificate of visual impairment (CV1).
- You receive 8 points or more for the moving around activity component of Personal Independence Payment. You must attach a photocopy of your letter of entitlement.

ALL Applicants must complete the rest of the form.

**Section 3 – Your Health / Disability (recent medical evidence of your condition must be attached with this application)**

1. What are the medical names of your health / disability conditions?

2. How long have you had your disability?

Years  Months

3. Please tell us about the regular journeys you need to make and how you currently use Public Transport / transport via car to make these journeys.

4. Please tell us about the support you have from family, friends, carers, etc. To help you travel by public transport or car.

5. Please tell us how your disability affects your ability to walk, use public transport or drive.

How far can you usually walk in metres or yards (this includes using a walking aid): \_\_\_\_\_

6. Using Stairs (please tick the statement that applies to you)

I can use the stairs independently.

I require occasional assistance to use the stairs.

I always require the assistance of another person(s) to use the stairs.

I am unable to / cannot use the stairs.

7. Use of wheelchair's / walking aids outside (please tick the statement that applies to you)

I use a Powered Wheelchair

I use a Manual Wheelchair

I use this Wheelchair: Occasionally

Always

I am reliant on someone else to push me in my Wheelchair:

Was your Wheelchair prescribed by: Health Professional

Self Purchased

I use a walking stick: Occasionally

Always

I use other walking equipment (please specify): \_\_\_\_\_

My walking aid was prescribed and recommended by: \_\_\_\_\_

We would like to know what other assisted transport you have available, please tick the appropriate box:

Dial a Ride

Brent Transport to Day Centre, etc

Brent Community Transport

Hospital Transport / Patient Transport

Any other assisted transport: \_\_\_\_\_

8. Do you receive any social care support? e.g. homecare, attending a day centre or receiving residential or nursing care?

Yes  No

If YES, tell us about the support you

receive: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 9. Public Transport Services

We would like to know what other assisted transport you have available, please tick the appropriate box:

London Dial a Ride

Trains

London Underground

Bus (any type)

Low floor busses

10. Tick the box that best describes your ability to use public transport:

I can use public transport for the majority of my journeys but have occasional difficulty in doing so and/or cannot use public transport for some particular Journeys:

I have significant difficulty in using public transport for the majority of my Journeys, and/or cannot use public transport for some particular journeys:

I am unable to use public transport independently

I am unable to use public transport at all

Do you have one of the following:

Older person's Freedom pass

Disabled person's Freedom pass

**11. Ability to Drive – describe your ability to drive (tick one box):**

I am unable to drive myself

I can drive most of the time

**Describe your access to passenger transport in a car (tick one box)**

I can regularly rely on someone for passenger transport in a car

I do not have anyone I can regularly rely on for passenger transport in a car

**12. Blue Badge disabled persons parking scheme:**

Do you hold a blue badge? Yes  No

If Yes please include your badge number and the issuing authority:

Badge Serial Number: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_

Are you a driver? Yes  No

Or Passenger? Yes  No

**13. Proof of Identity and Residence**

You are required to provide proof of your identity and residence. Your application will not be considered without this. If you have changed your name please provide identity with your current name on.

**14. Proof of identity**

I enclose a copy of one of the following documents: (please tick)

Copy of a photocard or paper driving licence

Copy of passport photo page (current or expired)

Copy of birth certificate\*

(\*if you are married and changed your name you cannot use your birth Certificate)

Copy of NHS Medical Card

If you have been unable to produce one proof of identity you must provide two proofs from the residence list below:

**15. Proof of Residence**

I enclose a copy of one of the following documents, with my name and address (please tick):

- Copy of council or housing association rent book
- Copy of tenancy agreement
- Copy of benefits or pension book
- Copy of council tax bill
- Copy of letter of entitlement of benefits or pension
- Copy of a utility bill e.g. gas, electricity, phone,
- Or water (must be dated within the last 3 months)

**16. Photographs:**

I enclose two recent passport sized colour photographs of myself, (taken within the last six months)with my name printed on the back.



## Section 4 - Declarations and signatures.

The personal information that you provide on this form will be shared between Your local council and London Councils who issue Taxicards on the council's Behalf. This information will be handled in line with the Data Protection Act 1998 and will be used for the purpose of assessing your eligibility to receive the Taxicard service and to manage, monitor and evaluate the service only. Information about you will not be used for any other purpose and third parties will be contacted only with your consent.

London Councils and your local council are under a duty to protect the public funds they administer and may use the information you have provided for the prevention and detection of fraud. We may also share this information with other bodies administering public funds for this purpose.

### Please sign the following declaration:

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 is 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.

### 4) Declaration

Your signature:	
Date of Application:	
Print name:	

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.

Your signature:	
Date of Application:	
Print name:	
Relationship to Applicant	