

## APPLICATION FORM FOR THE LONDON TAXICARD SCHEME



### Ealing Taxicard Application

The London Taxicard scheme provides subsidised door-to-door transport for people who have a serious mobility impairment and/or difficulty in using public transport. If you have a disability lasting for more than 12 months, you may qualify for a Taxicard.

PLEASE NOTE: As the Taxicard should not be used for time critical appointments please contact your GP or Hospital to arrange patient transport for hospital appointments.

**This application will not be processed if all the information listed on page 9 is not enclosed with the application or if the application form is not fully completed.**

We need to know if this is a NEW application or a Re-Application for an existing Taxicard. Please tick the box below:

|  |            |           |
|--|------------|-----------|
| <b>Do you have an Ealing Taxicard already?</b> | <b>Yes</b> | <b>No</b> |
| <b>If Yes, what is your Taxicard number</b>    | <b>EA</b>  |           |

#### 1. Your Personal Details

The information you give on this form will be used to assess your eligibility to join the Taxicard scheme and will be processed in accordance with the Data Protection Act 1998.

|  |   |
|--|---|
| <b>Title (Mr/ Mrs/ Miss/ Ms /Other):</b>                       | <b>Surname:</b>   |
| <b>Forename:</b>   |   |
| <b>Date of Birth:</b>  | <b>Gender: Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/> |
| <b>Address:</b>  |   |
| <b>Postcode:</b>   |   |
| <b>Email address (if applicable):</b>                          |   |
| <b>Telephone:</b>  | <b>Mobile (if applicable):</b>  |
| <b>Name of your council to which you pay your council tax:</b> |   |
|  |   |

## **2. Assessing your Eligibility**

You will normally qualify for the Taxicard scheme if you are registered blind or partially sighted, or receive one of the following benefits:

**Please tick the appropriate box below if applicable:**

- Higher Rate Mobility Component of Disability Living Allowance**
- I receive 8 points or more for the moving around activity component of PIP and I have attached a photocopy of my letter of entitlement**

If you cannot produce your letter of entitlement, a replacement may be obtained from the Disability Benefits Agency at the Department of Work and Pension (telephone: 08457 123456).

If DLA or PIP is only given for a temporary period you may only be entitled to a Taxicard for that duration only. If your allowance is due to expire within the next three months your local council may also ask you to provide a copy of your next certificate when it is issued.

- War Pension Mobility Supplement**

I enclose a copy of my original official letter of award.

- Armed Forces Independence Payment (Mobility Element) to the War Pension Mobility Supplement**

I enclose a copy of my original official letter of award.

If you cannot produce your letter of award, a replacement may be obtained from the Veterans Agency (telephone: 0800 169 2277)

- Registered Severely Visually Impaired or Blind**

I enclose a copy of registration with my local authority or my Certificate of Visual Impairment (CVI).

Evidence of registration may be obtained from your local council

### **ALL APPLICANTS MUST COMPLETE THE REST OF THE FORM**

**If you do not, your application form may be returned to request more information**

If you have ticked one of the above, you meet the automatic qualifying criteria for a Taxicard. You must also complete the rest of this form. This will enable the council to decide on the number of trips you should be allocated.

If you do not receive one of the above benefits, you must complete the rest of this form. This will enable us to determine if you are eligible for a discretionary Taxicard. We may request that you attend a mobility assessment.

### **3. Your Health / Disability**

The answers to the questions in this section may determine the number of Taxicard trips allocated to you.

At this stage we DO NOT require a letter from your Doctor to confirm any medical conditions.

**A) What are the medical names for your health / disability difficulties?**

**B) How long have you had your disability?**   years   months

**C) Please tell us about the regular journeys you need to make and how you currently use public transport or transport in a car to make these journeys**

***D) Please tell us about the support you have from friends, family, carers etc to help you travel by car or by public transport***

***E) 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?  Metres or  Yards  
 (This includes using a walking aid)

**Using stairs**

Please describe your ability to go up and down stairs:

|  | <b>Tick here</b> |
|--|------------------|
| I can use stairs independently                                     |                  |
| I require occasional assistance to use stairs                      |                  |
| I always require the assistance of another person(s) to use stairs |                  |
| I am unable to/cannot use stairs                                   |                  |

**G) Use of wheelchairs/ walking aids outside**

To ensure your safety, if you need to use a wheelchair when travelling in a licensed London taxi you must travel facing the rear of the taxi with your back to the partition and use the attachment belts provided. Many larger electric wheelchairs cannot be positioned and safely secured in this way, due to their size, and so are unsuitable for use when travelling on the Taxicard scheme.

Many mobility scooters cannot be safely secured or are too heavy to use the ramps in licensed London taxis and therefore cannot be used when travelling on the Taxicard scheme.

However, the customer can travel if the electric wheelchair can be safely secured and the scooter is not too heavy and the customer can transfer from it to the back seat of the taxi in order to travel.

If you use a wheelchair or scooter, we need some additional information from you so that we can establish the best way that we can provide the Taxicard service for you. Our ability to provide a suitable vehicle for you will be limited if you do not have access to a wheelchair of a type which can be safely secured in a London taxi and you are not able to transfer to a seat when travelling.

Please tick if any of the following apply to you:

|   |
|---|
| Do you use a <b>Manual Wheelchair</b> ? Yes <input type="checkbox"/> No <input type="checkbox"/>                                    |
| If you use a manual wheelchair can you transfer to a seat when travelling? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you rely on someone else to push you in your manual wheelchair? Yes <input type="checkbox"/> No <input type="checkbox"/>         |
| Does your manual wheelchair have leg extensions? Yes <input type="checkbox"/> No <input type="checkbox"/>                           |

|  |       |
|--|-------|
| My manual wheelchair was recommended by:   |       |
|  |       |
| Do you use a <b>Powered/Electric Wheelchair</b> ? Yes <input type="checkbox"/> No <input type="checkbox"/>             |       |
| Manufacturer   | Model |
|  |       |
| Do you use a <b>Mobility Scooter</b> ? Yes <input type="checkbox"/> No <input type="checkbox"/>                        |       |
| If yes, can you transfer to a seat when travelling? Yes <input type="checkbox"/> No <input type="checkbox"/>           |       |
| Manufacturer   | Model |
|  |       |
| I use a walking frame: Sometimes <input type="checkbox"/> Always <input type="checkbox"/>                              |       |
| I use a walking stick: Sometimes <input type="checkbox"/> Always <input type="checkbox"/>                              |       |
| I use other walking equipment/aid (please specify): Sometimes <input type="checkbox"/> Always <input type="checkbox"/> |       |
|  |       |
| My walking equipment/aid was recommended by:   |       |
|  |       |

**H) Other transport services**

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

|  |                              |
|--|------------------------------|
| Dial-a-ride                                  | Yes <input type="checkbox"/> |
| Community Transport Services (e.g. Plus Bus) | Yes <input type="checkbox"/> |
| Shop-mobility scheme                         | Yes <input type="checkbox"/> |
| Hospital Transport / Patient Transport       | Yes <input type="checkbox"/> |
| Other (Please state):                        |                              |
|  |                              |

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

Yes  No

If yes, tell us about the support you receive

**4. Public Transport Services**

The answers to the questions in this section may determine the number of Taxicard trips allocated to you.

**A) Please indicate whether you use any of the following public transport services, ticking either the yes or no box after each service**

|                    |  |                   |  |
|--------------------|--|-------------------|--|
| London Dial-a-Ride | Yes <input type="checkbox"/> No <input type="checkbox"/> | Buses (any types) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Trains             | Yes <input type="checkbox"/> No <input type="checkbox"/> | Low Floor buses   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Tubes              | Yes <input type="checkbox"/> No <input type="checkbox"/> |                   |  |

**B) Tick the box that best describes your ability to use public transport (tick box)**

|   |  |
|---|--|
| 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   |  |

**C) Do you have one of the following?**

Older Person's Freedom Pass                      Yes  No

Disabled Person's Freedom Pass                      Yes  No

**5. Ability to Drive or be Driven**

**A) Describe Your Ability To Drive (tick one box)**

|                              |  |
|------------------------------|--|
| I am unable to drive myself  |  |
| I can drive most of the time |  |

**B) 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 |  |

**C) Blue Badge disabled persons parking scheme**

|  |  |                             |               |                              |                             |
|--|--|-----------------------------|---------------|------------------------------|-----------------------------|
| Do you hold a Blue Badge?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |                             |               |                              |                             |
| <b>If yes please include your membership number and the issuing authority below:</b> |  |                             |               |                              |                             |
| Membership no:   |  |                             |               |                              |                             |
| Issuing authority:   |  |                             |               |                              |                             |
| Are you a driver?  | Yes <input type="checkbox"/>                             | No <input type="checkbox"/> | Or passenger? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



## **6. Proof of Identity and Residence**

**You are required to provide proof of your identity, residence and a passport size photograph. Your application will not be considered without this.** If you have changed your name please provide identity with your current name. Please make sure you provide all proof of evidence stated below along with a photograph.

### **A) Proof of identity –**

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

|  |  |
|--|--|
| Copy of a photo card or paper driving licence  |  |
| Copy of passport photo page (current or expired)   |  |
| Copy of birth certificate*<br>*if you are married & changed your name, you cannot use your birth certificate |  |
| Copy of Asylum Registration Card or Standard Acknowledgement Letter  |  |
| Copy of NHS Medical Card   |  |
| Copy of European Identity Card   |  |

If you have been unable to produce one proof of identity you must provide **two** proofs of residence list below. Your local council may wish to make further enquiries to verify your identification and residency.

### **B) 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, water (Dated within last 3 months)<br><b>NOTE: We do not accept Bank/Building Society statements</b> |  |

### **C) Proof of automatic qualifying criteria (if applicable)**

A copy of your CVI registration, a certificate of entitlement to:

- Higher Rate Mobility component of the Disability Living Allowance
- Copy of letter of entitlement to PIP (moving around activity)
- An official letter of award of the War Pensioner's Mobility Supplement, or Armed Forces Independence Payment (Mobility Element) to the War Pension Mobility Supplement dated within the last year.

**These certificates will be accepted as proof of both identity and residence.**

### **D) Photograph:**

I also enclose **one recent passport sized colour photograph** of myself, (taken within the last six months) with my name printed on the back. This will be used as your identify photo on your Taxicard.

## **7. Ethnic Monitoring**

We consider all applications fairly, regardless of applicant's sex, race, colour or religion. By monitoring the ethnicity of our service users, we can identify whether we are providing equal access to all groups of people. This section is optional and it will not affect the outcome of your application if you do not complete it. All information will be kept confidential in line with the Data Protection Act 1998.

**Please tick the box which best describes your ethnic origin:**

### **A White**

British

Irish

Any other White background

(please specify): \_\_\_\_\_

### **B Mixed**

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background

(please specify): \_\_\_\_\_

### **C Asian or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian background

(please specify): \_\_\_\_\_

### **D Black or Black British**

Caribbean

African

Any other Black background

(please specify): \_\_\_\_\_

### **E Chinese**

Chinese

### **F Other**

Any other ethnic group

(please specify): \_\_\_\_\_

## **8. Declaration of Consent**

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.

***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***

***Print name***

***Relationship to applicant***

***Telephone***

When completed please return this form to:

**London Councils Taxicard  
59½ Southwark Street  
London  
SE1 0AL**