

# DISABLED PERSON'S FREEDOM PASS PHYSICAL DISABILITY OR LEARNING DISABILITY

## Your guide to applying for a pass

**This guide provides supporting information to help you complete the Freedom Pass application form.**

The Council is authorised and required to determine the eligibility of applicant. Your application will be considered in accordance with the eligibility criteria prescribed in law and in related Government guidance.

Your main and primary residence must be in Westminster.

The application form reflects all the criteria under which people may qualify for a freedom pass on grounds of physical disability or learning disability.

**You need to use another form if you are applying on grounds of mental health disability.** Application forms can be downloaded from our website: <https://www.westminster.gov.uk/freedom-pass> Alternatively, contact the Freedom Pass team on 020 7823 4567 (option 3) or email [freedompass@westminster.gov.uk](mailto:freedompass@westminster.gov.uk) to request an application form.

**If you are over 60:** to be eligible for an Older Person's pass you must meet the age criteria. Find out more information at [www.freedompass.org](http://www.freedompass.org)

If you are 60 but are not yet eligible for an Older Person's Freedom Pass you can still get free travel in London by applying for the 60+ Oyster Card via the Transport for London website: [www.tfl.gov.uk](http://www.tfl.gov.uk)



City of Westminster

June 2017

## ELIGIBILITY

**You may apply under the following criteria:**

Criteria		Page on application form
1	Disability Living Allowance (DLA) – higher rate mobility component	3
1	Disability Living Allowance (DLA) – lower rate mobility component ( <i>your application will be considered for a discretionary pass only</i> )	3
2	Personal Independence Payment (PIP) – at least 8 points of the Moving Around activity of the mobility component	3
3	Personal Independence Payment (PIP) – at least 8 points of the Communicating Verbally activity of the daily living component	3
4	War pensioners' mobility supplement	3
5	Walking impairment	4 – 5
6	Have a learning disability	6
7	Does not have arms or has long-term loss of the use of both arms	6
8	Blind or partially sighted	6
9	Profoundly or severely deaf	6
10	Without speech	6 - 7
11	Medical condition (other than mental health disability) which prevents you from driving	7

As an applicant, it is your responsibility to provide adequate evidence in support of your application. If your eligibility is unclear, you may be required to provide additional information.

Any medical report you supply will be considered, however the final decision regarding your eligibility rests entirely with the Council. This decision will be based solely on whether the Council is satisfied that you meet the eligibility criteria as stated in law. The Council may issue Freedom Passes only in line with the laws and government guidance that govern its issuance of travel concessions. The Council is not permitted to issue a Freedom Pass to an applicant who does not meet the specific eligibility criteria.

The National Pass is valid on most other bus services in England. This means you can use your pass on most local services around the country.

Disabled people who do not meet the statutory eligibility criteria may apply for a discretionary freedom pass if they receive the lower rate mobility component of the DLA. Please note this may be subject to change and because these passes are discretionary, they could be withdrawn at a future date.

The Discretionary Pass has the same entitlement as the National Pass on Transport for London buses, tube, trams, DLR and national rail within Greater London. The pass is not valid for travel outside London.

## **PAGE 1 of the application form**

### **Photograph requirements**

A photograph of the pass holder is necessary in order to ensure the correct use of the pass. The photo does not need to be taken in a photo-booth but must comply with the following passport photographs requirements:

- a colour photograph taken within the last 12 months
- be taken against a plain, light cream or grey background
- show your full head, without any head covering, unless you wear one for religious beliefs or medical reasons
- be taken with your eyes open and clearly visible (no sunglasses or tinted glasses)
- be free from reflection or glare on your glasses, and the frames must not cover your eyes
- not be torn, creased, or marked

If you have difficulties getting a photograph taken in a photo-booth you may take a photograph on a digital camera or mobile phone and email it to [freedompass@westminster.gov.uk](mailto:freedompass@westminster.gov.uk)

## **PAGE 2 of the application form**

### **Ethnic origin**

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 'I do not wish to say' box.

## **Proof of address**

You need to provide a **photocopy** of one of the following items:

- Current council tax bill/letter/payment book
- Current council/housing association rent statement dated in the last 6 months
- Current television licence
- Residential utility bill (excluding mobile phone bills) dated in the last 3 months
- HM Revenue and Customs letter dated in the last 3 months
- Department for Work and Pensions letter dated in the last 3 months

## **PAGE 3 of the application form**

The Department for Transport recommends eligibility for a concessionary national pass may be considered "automatic" (not requiring further assessment) where a person is in receipt of:

- the higher rate mobility component of the DLA
- at least 8 points of the Moving Around activity of the PIP
- at least 8 points of the Communicating Verbally activity of the PIP,

which link eligibility to the ability to walk or to communicate verbally, provided that the person is of fare paying age and that the award of the benefit has been for at least 12 months or is expected to be for at least 12 months.

Applicants receiving the lower rate mobility component of the DLA will be considered for a discretionary pass.

## **Question 1 – Disability Living Allowance (DLA)**

You will need to provide a copy of the first page of your entitlement notice letter. If you need another copy, please contact the DLA helpline:

Telephone: 0345 712 3456  
Textphone: 0345 722 4433  
Monday to Friday, 8am to 6pm

Further information can be found online at: <http://www.gov.uk>

## **Question 2 – Personal Independence Payment (PIP)**

You will automatically qualify for a Freedom Pass if you have been awarded at least 8 points of the 'Moving Around' activity of the mobility component or the 'Communicating Verbally' activity of the daily living component:

You will need to provide a copy of all the pages of your award notice letter. If you need another copy, please contact the PIP helpline:

Telephone: 0345 850 3322

Textphone: 0345 601 6677

Monday to Friday, 8am to 6pm

Further information can be found online at: <http://www.gov.uk>

### **Question 3 – War Pensioners' Mobility Supplement**

If you receive a War Pensioners' Mobility Supplement you will need to provide a copy of your award letter from the Service Personnel and Veterans Agency. They can be contacted via the free-phone enquiry number: 0800 169 22 77.

## **PAGES 4 and 5 of the application form**

### **Walking impairment**

Definition: a disability or injury which has a substantial and long-term adverse effect on the ability to walk which

1. means that you cannot walk at all;
2. you are virtually unable to walk; or
3. the exertion required to walk would constitute a danger to your life or would be likely to lead to a serious deterioration in your health.

Relevant specialist health professionals: Physiotherapist, Occupational Therapist, Orthopaedic Surgeon.

The application form asks you to estimate how far you can usually walk without discomfort. We understand how difficult it can be to accurately work out the distance you can walk. Here are several things that may help you:

- ask someone to walk with you and pace the distance you walk: the
- average adult step is less than a metre. For example, if the person
- walking with you took 100 steps, you will have walked about 90 metres;
- a size 9 shoe is about a third of a metre;
- a double-decker bus is about 11 metres long;
- a full-sized football pitch is about 100 metres long.

If you still find it difficult to work out the distance you can walk in metres, please tell us on the application form:

- the number of steps you can take, and how long it takes you (in minutes) to walk from your home to a location nearby (e.g., a shop or a church);
- about your walking speed;
- about the way you walk, for example, shuffling or small steps.

You may be asked to attend an interview by our mobility assessor, who is an experienced registered Occupational Therapist.

If you have had surgery in the past three to six months (or if you are waiting for surgery in the next three to six months) a mobility assessment cannot be carried out until after the health professional who is providing your rehabilitation treatment tells you that you have reached your maximum level of mobility and that no further improvement is likely. If your period of recovery will take over twelve months, a mobility assessment can be arranged.

## **PAGE 6 of the application form**

### **Learning Disability**

Under the Concessionary Bus Travel Act, 2007, you will be eligible for a Disabled Person's Freedom Pass from your fifth birthday if you have "*a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning*". Government guidance to the Act defines 'learning disability' in the following way:

A person with a learning disability has a reduced ability to understand new or complex information, a difficulty in learning new skills, and may be unable to cope independently. These disabilities must have started before adulthood and have a lasting effect on development. The person should be able to qualify for specialist services and he or she may have had special educational provision.

### **Without the use of both arms**

This is defined as limb reduction deficiency of both arms that results from amputation of both arms; muscular dystrophy; spinal cord injury; motor neurone disease or another condition of comparable severity; or deformity of both arms. It results in an individual not being able to carry out day-to-day activities such as paying coins into a fare machine.

You will need to provide medical evidence from your Doctor, Physiotherapist or Occupational Therapist.

### **Visual impairment**

Definitions: 'severely sight impaired' means seeing much less than is normal or perhaps nothing at all.

'partially sighted' people can see more than someone who is blind, but less than a fully sighted person.

You will need to provide a copy of your BD8 or Certificate of Visual Impairment, or medical information from your Consultant Ophthalmologist.

## **PAGE 6 - 7 of the application form**

### **Hearing or speech impairment**

Hearing impairment definition:

- 'profoundly or severely deaf' means having hearing loss in both ears of Decibels Hearing Level of 70 or greater.

You will need to provide medical evidence from a relevant health professional, either an Audiologist or Aural Specialist.

Speech impairment definition:

- 'without speech' means being unable to make clear oral requests, or unable to ask specific questions to clarify instructions.

You will need to provide medical evidence from your Speech Therapist.

## **PAGE 7 of the application form**

### **Medical condition that prevents you from driving**

A medical condition that prevents you from driving means that if you apply for a driving licence at this time, your application will be refused because of your medical condition.

If this condition is epilepsy you will need to provide medical evidence confirming the following:

- What sort of treatment you are presently receiving
- What time of day/night the fits mainly occurs
- The effect of the medication on your fits
- Nature, frequency and severity of fits
- If you are capable of driving a motor vehicle

For all conditions, you will need to provide medical evidence from your Neurologist, Psychiatrist, Cardiologist, Endocrinologist, Ophthalmologist or Optometrist.

## **PAGE 8 of the application form**

### **Specialist health professionals**

Because of the severity of the disabling conditions described by Government guidance as defining eligibility for a Disabled Person's Freedom Pass, it is expected that most applicants will have received services from a specialist health professional in the twelve months prior to their application.

The Government guidance makes clear that the Council may need to consult with specialist health professional(s) when deciding whether you are eligible for a Freedom Pass and that GPs should not normally be contacted. In line with this guidance, statements from your GP will not normally be sufficient to establish your eligibility.

Although information from health professionals is considered, the final decision about whether to issue you with a Freedom Pass is made by the Council in accordance with the law.

## **PAGES 9 and 10 of the application form**

It is important that you understand the conditions on which a Freedom Pass is issued to you. Please read the declaration carefully before signing and dating it. Your signature is confirmation that you have read and understood the conditions. A representative or guardian may sign the form on your behalf if you are unable to do so. Unsigned forms cannot be accepted and will be returned to you.

Please note it is an offence under the law to make a false statement in order to evade the payment of public transport fares.

## **ADDITIONAL INFORMATION**

### **Travel Expenses**

Please note that the Council cannot take responsibility for any travel or legal expenses that you incur whilst your application is being processed, regardless of the outcome of your application. Should you be found ineligible, and decide to appeal the Council's decision, you will not be reimbursed by the Council for travel or legal expenses incurred during the appeal procedure, regardless of the outcome of the appeal.



## **Response time**

We will respond within 14 working days from when we receive your application form. Please do not call during this time unless you need to make a significant change to your application.

## **Successful applications**

If your application is successful, your Freedom Pass will be sent to you by post by London Councils (they administer the scheme on behalf of the 33 London local authorities).

## **CONTACT**

If you have any questions about the application form please contact the Freedom Pass team

Telephone: 020 7823 4567 (option 3)  
Email: [freedompass@westminster.gov.uk](mailto:freedompass@westminster.gov.uk)

**Please detach and retain these notes for reference.**



# Application form for a Disabled Person's Freedom Pass for people with a physical disability or learning disability

## Section A – Your details

Before you begin, please read the guidance notes on how to complete this form. Incomplete forms will be returned. Please write clearly in BLOCK CAPITALS.

Your photograph must fit within this box. See instructions on page 3 of the Guidance Notes enclosed. Alternatively, you can email a photo to [freedompass@westminster.gov.uk](mailto:freedompass@westminster.gov.uk)

**Please attach  
passport  
photo here.**

**Do not staple.**

Title (Mr, Mrs, Miss, Ms, Other)	
First names (in full)	
Surname	
National Insurance Number	
Date of birth	
Address	Postcode
Home phone number	
Work number	
Mobile number	
Email	
Do you have a pass issued by another borough?	No <input type="checkbox"/> Yes <input type="checkbox"/> issued by:

**Please return this form by email or post to:**

**Email:** [freedompass@westminster.gov.uk](mailto:freedompass@westminster.gov.uk)

**Post:** City of Westminster Freedom Pass  
PO Box 743  
Redhill  
RH1 9FZ

**TEL:** 0207 823 4567 (option 3)

**June 2017**

## NEW APPLICATION

**Ethnic Origin Data** - please tick the box that applies to you:

<p>(a) White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Other</p>	<p>(b) Black or Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Other</p>	<p>(c) Mixed</p> <p><input type="checkbox"/> White/Black Caribbean</p> <p><input type="checkbox"/> White/Black African</p> <p><input type="checkbox"/> White/Asian</p> <p><input type="checkbox"/> Other</p>	<p>(d) Asian or Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Other</p>	<p>(e) Chinese</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Other</p>
--	---	--	--	--

Other: \_\_\_\_\_

☐ I do not wish to say.

### Section B – Proof of your address

To be considered for a Freedom Pass, your main residence must be within the City of Westminster. You must provide a photocopy of one of the following proof of residency: **(PLEASE DO NOT SEND ORIGINAL DOCUMENTS)**

- Current council tax bill/letter/payment book
- Current council/housing association rent statement dated in the last 6 months
- Current television licence
- Residential utility bill (excluding mobile phone bills) dated in the last 3 months
- HM Revenue and Customs letter dated in the last 3 months
- Department for Work and Pensions letter dated in the last 3 months

### Section C – Proof of your identity

A photocopy of one of the following documents must be provided as proof of your identity: **(PLEASE DO NOT SEND ORIGINAL DOCUMENTS)**

- |   |  |
|---|--|
| <input type="checkbox"/> current passport | <input type="checkbox"/> photocard driving licence                   |
| <input type="checkbox"/> medical card     | <input type="checkbox"/> birth certificate (unless name has changed) |

### Section D – Contact with third parties

We cannot discuss your application or personal details with anyone other than yourself under any circumstance, unless you give us your permission to do so. If you think that we may need to speak with anyone else about this application, please give their details:

Title: \_\_\_\_\_ Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

## NEW APPLICATION

### Section E – State benefits

#### 1. Disability Living Allowance (DLA)

1	I receive the higher rate mobility component	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	I receive the lower rate mobility component	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please enclose a <u>photocopy</u> of your entitlement letter issued within the last twelve months. The letter must state the award period.			

#### 2. Personal Independence Payment (PIP)

1	I have been awarded at least 8 points of the Moving Around activity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	I have been awarded at least 8 points of the Communicating Verbally activity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please enclose a <u>photocopy</u> of <u>all pages</u> of your entitlement letter issued within the last twelve months. The letter must state the award period.			

#### 3. War pensioners' mobility supplement

Do you receive a war pensioners' mobility supplement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide a <u>photocopy</u> of your award letter from the Service Personnel and Veterans Agency.		

**If you receive one of the following state benefits you are eligible without further assessment.**

**Please go directly to the declaration on page 9.**

**Otherwise fill in the relevant section on pages 4 to 8.**

## NEW APPLICATION

### Section F – Walking impairment

**1** Please list a brief summary of your medical condition(s)/disability:

- .....
- .....
- .....
- .....
- .....

**2** Please list any surgery you may have had or are waiting for: Date of surgery

- ..... .....
- ..... .....
- ..... .....

**3** Please list the dates of any medical investigations in the last 12 months:

- Hospital:.....  
Reason for investigation:.....  
.....  
Date last seen: ..... Date of next appointment: .....
- Hospital:.....  
Reason for investigation:.....  
.....  
Date last seen: ..... Date of next appointment: .....
- Hospital:.....  
Reason for investigation:.....  
.....  
Date last seen: ..... Date of next appointment: .....

**4** Please give details of any treatment that you have received in the past twelve months relating to your disability (for example, physiotherapy or attendance at a pain management clinic):

Are you still receiving treatment? Yes ☐ No ☐

If yes, when do you expect the treatment to finish? Date:.....

**5** What is the total distance you can usually walk (including rest stops)? \_\_\_\_\_ metres

**6** Does the distance you are able to walk vary? Yes ☐ No ☐

<b>7</b> How far can you usually walk <u>before</u> you are in <u>serious discomfort</u> or need to stop and rest? Number of steps _____ or number of metres _____											
<b>8</b> If you need someone to help you when travelling please explain why:  											
<b>9</b> Do you use any of the following? <table border="0" style="width: 100%;"> <tr> <td>Wheelchair</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Walking stick</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Walking frame</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Crutches</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Do you use any other aid? Please specify below:</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>Please give details of the health professional who prescribed the wheelchair or walking aid(s) that you use.</p>		Wheelchair	Yes <input type="checkbox"/> No <input type="checkbox"/>	Walking stick	Yes <input type="checkbox"/> No <input type="checkbox"/>	Walking frame	Yes <input type="checkbox"/> No <input type="checkbox"/>	Crutches	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you use any other aid? Please specify below:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wheelchair	Yes <input type="checkbox"/> No <input type="checkbox"/>										
Walking stick	Yes <input type="checkbox"/> No <input type="checkbox"/>										
Walking frame	Yes <input type="checkbox"/> No <input type="checkbox"/>										
Crutches	Yes <input type="checkbox"/> No <input type="checkbox"/>										
Do you use any other aid? Please specify below:	Yes <input type="checkbox"/> No <input type="checkbox"/>										
<b>10</b> Please tick the boxes to indicate any difficulties experienced when walking.  <table border="0" style="width: 100%;"> <tr> <td>Walking causes me severe pain</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>I get tired after walking a short distance</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>I get out of breath after walking a short distance</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>I have problems with balance</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>		Walking causes me severe pain	Yes <input type="checkbox"/> No <input type="checkbox"/>	I get tired after walking a short distance	Yes <input type="checkbox"/> No <input type="checkbox"/>	I get out of breath after walking a short distance	Yes <input type="checkbox"/> No <input type="checkbox"/>	I have problems with balance	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Walking causes me severe pain	Yes <input type="checkbox"/> No <input type="checkbox"/>										
I get tired after walking a short distance	Yes <input type="checkbox"/> No <input type="checkbox"/>										
I get out of breath after walking a short distance	Yes <input type="checkbox"/> No <input type="checkbox"/>										
I have problems with balance	Yes <input type="checkbox"/> No <input type="checkbox"/>										
<b>11</b> If you have other difficulties, please specify: ..... ..... .....											
<b>12</b> Please provide a copy of your current medical prescription list.											

If necessary, are you willing to be interviewed by our mobility assessor so we can see how your disability affects your walking? Yes ☐ No ☐

Do you need an interpreter? Yes ☐ No ☐  
 If **yes**, please specify the language: \_\_\_\_\_

**If we think it is necessary for you to have a mobility assessment and you refuse to come for an interview, this may affect the outcome of your application.**

## NEW APPLICATION

### Section G – Learning Disability

Do you have a learning disability, that is, a state of arrested or incomplete development of mind, which includes significant impairment of intelligence and social functioning, which started before adulthood? Yes ☐ No ☐

Please provide a photocopy of your psychologist's report or other medical evidence confirming the nature of your learning disability.

A learning difficulty is not the same as a learning disability.

### Section H – Without the use of both arms

Please tick the boxes below that describe your disability

I am without the use of both arms.	<input type="checkbox"/>
This is due to a <u>congenital</u> absence of both arms.	<input type="checkbox"/>
This is due to a <u>loss</u> of use of both arms.	<input type="checkbox"/>

Please enclose a letter from your health professional verifying your medical condition.

### Section I – Visual impairment

Please tick the boxes below that describe your disability

☐ Severely sight impaired (blind) ☐ Sight impaired (partially sighted)

Please enclose a copy of your Ophthalmologist's report, BD8 or CVI report issued within the United Kingdom.

### Section J – Hearing or speech impairment

Please tick the boxes below that describe your disability

Profoundly or severely deaf (no useful hearing, even with an aid)	<input type="checkbox"/>
Hard of hearing (some useful hearing, with or without an aid)	<input type="checkbox"/>
Normal speech	<input type="checkbox"/>
Limited intelligible speech	<input type="checkbox"/>
Speech not intelligible (in any language)	<input type="checkbox"/>
No speech (in any language)	<input type="checkbox"/>

## NEW APPLICATION

Please enclose a letter or report from your audiologist or your aural specialist.

If you have difficulty in communicating because of your disability, please explain how this affects your ability to travel on public transport:

### Section K – Medical condition that prevents you from driving

If you have a **mental health disability**, please **do not use this form**. You need to complete an application form for people with a mental health disability. Forms can be downloaded at: <https://www.westminster.gov.uk/freedom-pass>  
Alternatively, contact the Freedom Pass team on 020 7823 4567 (option 3) or email [freedompass@westminster.gov.uk](mailto:freedompass@westminster.gov.uk) to request an application form.

1.	What is your medical condition?	
	a) uncontrolled epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) liability to sudden attacks of giddiness or fainting (for example, as a result of a cardiac disorder)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c) inability to read a registration plate in good light at 20.5 metres, even with lenses	Yes <input type="checkbox"/> No <input type="checkbox"/>
	d) other disability likely to cause the driving of vehicles a source of danger to the public.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Please enclose a letter from your health professional confirming your medical condition and why it prevents you from driving a motor vehicle.</b>		
2.	Do you hold a valid driving licence? (even if you are not currently driving)	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Do you currently drive a motor vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Have you been refused a driving licence on grounds of being medically unfit <u>other than</u> for persistent misuse of drugs or alcohol?  If yes, please enclose a copy of the DVLA refusal letter.	Yes <input type="checkbox"/> No <input type="checkbox"/>



## NEW APPLICATION

### Section L – Specialist health professionals

Please provide details of the specialist health professional who has treated you in relation to your disability/walking impairment, as we may need to contact them for further information.

<b>Name of your specialist health professional:</b>	
Their title:	
Their address:	
Their postcode:	Their telephone No:

In rare instances, the Council may wish to contact GPs to verify information that other health professionals have provided is current. Please provide details of your GP.

<b>Name of your GP:</b>	
Their address:	
Their postcode:	Their telephone No:

**Although information from health professionals is considered, the final decision about whether to issue you with a Freedom Pass is made by the Council.**

## NEW APPLICATION

### Section M – My declaration

1. I confirm that, to the best of my knowledge, all information I have provided in this application is true and accurate. I realise that action may be taken against me if I have provided false information in this application. I have enclosed all necessary documentary evidence with this form.
2. I consent to the Council contacting my health professional(s) if further medical information is required.
3. I do not currently hold a Disabled Person's Freedom Pass issued by another London borough, nor a concessionary bus pass issued by another local authority in England.
4. I understand and accept that a Freedom Pass that the Council has issued to me may be withdrawn if I have given any information that I know is wrong or untrue in this application.
5. I understand that a Disabled Person's Freedom Pass remains the property of Transport for London, and that Transport for London may refuse to allow replacement of a Freedom Pass that has been misused by its holder.
6. I agree that, if you issue me a Freedom Pass, I will not allow anyone else to use it in order to evade travel fares; if I do so, I understand that the Freedom Pass may be withdrawn, and the Council may be unable to issue another one to me.
7. I agree that if I become aware that another person is using my Freedom Pass, I will report this to the Council immediately.
8. I understand you will deal with the personal information I provide in line with the Data Protection Act 1998. You will use the information to assess whether I qualify for a disabled person's freedom pass and to manage, monitor and evaluate your services. You will not use my information for any other purpose and you will keep my information in electronic format.
9. I understand that you have to protect the public funds you handle, so you may use the information I have provided on this form to prevent and detect fraud. You may share this information with other sections within the Council, and with agencies such as the police and Transport for London.
10. I understand and agree that the Council reserves the right to monitor my continuing eligibility for a Freedom Pass.

**By signing and dating this section, I confirm that I have read, understood and agreed each of the above statements.**

Your signature, or your representative's or guardians signature

Date

## NEW APPLICATION

**If your representative or guardian is completing this form they should give their personal details below:**

Representative's or guardian's name: \_\_\_\_\_

Contact phone: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

### Using your personal information

London Councils and the London borough in which you live will be responsible for your information which they, and their agents, will use to administer the Freedom Pass scheme, for customer services and research. Your information will not be used for marketing purposes and will only be shared with other organisations (e.g. other local authorities, Transport for London, government departments and law enforcement agencies) to provide the services where it is legal to do so (e.g. to detect and prevent crime and protect public funds). Your data may be matched with data from other sources, including CCTV and ticket usage data.

From time to time we may wish to contact you about initiatives which we believe may be of direct benefit to you.

Please tick the box if you DO WISH to be contacted ☐