

# Health & Adults Services and Children's Services

## Disabled Person's Freedom Pass

### APPLICATION FORM

Please fill in all the details we ask for, and tick (✓) the relevant boxes

Please write clearly in **BLOCK CAPITALS**

### Section A — Personal Details

If you are completing the form on behalf of an applicant who is under 16, or who is unable to complete the form themselves, please provide their details in appropriate sections and sign the form on their behalf.

<b>*Family Name:</b>	<b>*Title</b> (Mr, Mrs, Miss, Ms, Dr):
<b>*Forenames</b> (in full) :	
<b>*Family Name at birth:</b>	
<b>*Address:</b> ..... .....	
..... <b>*Post Code:</b> .....	
<b>*MAIN PHONE NUMBER:</b>	
<b>EMAIL ADDRESS:</b>	
<b>*Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>*Date of Birth:</b>
Town:	
<b>*Place of Birth:</b>	Country:
<b>*National Insurance Number / Child Registration Number:</b>	

#### Doctor/GP details

<b>Doctor's Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Doctor or Surgery Telephone No:</b>	

Do you already hold a Freedom Pass? Yes:  No:

If **Yes**, which Council issued the Pass: .....

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## Disabled Person's Freedom Pass

### Guidance Notes & Application Form for Disabled Person's Freedom Pass

Please read these notes carefully before completing the application form (FPI)

### What is the Disabled Person's Freedom Pass?

The Disabled Person's Freedom Pass provides free travel at any time in Greater London on: Buses, London Underground, London Overground, Docklands Light Railway and Croydon Tramlink.

Free travel on National Rail services is also available from 9.30am Monday to Friday and all day weekends and Public holidays.

### Section B — Eligibility Criteria

All applicants must complete this section. Please tick (✓) the box(s) for which criteria you are applying for a Freedom Pass. You may automatically qualify for a Disabled Person's Freedom Pass if you can provide evidence that:

	YES	NO	Evidence Required
<b>You receive the higher rate mobility component of Disability Living Allowance</b>  <b>Personal Independence Payment (8 points for moving around descriptor only)</b>			<b>DLA - All pages of your statement of award letter clearly showing you are receiving the Higher rate mobility component for moving around.</b>  <b>Personal Independence Payment - All pages of your statement of award letter clearly showing you are receiving 8 points or more for 'Moving around' only.</b>
<b>You are blind or partially sighted in both eyes?</b>			<b>CVI - Certificate of visual impairment</b>

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Are you known to the Children with Disabilities team in Royal Borough of Greenwich?			
	YES	NO	Evidence Required
<p>Did/do you attend a special school for children with moderate to profound learning disabilities?</p> <p style="text-align: center;">Name of School:</p> <p style="text-align: center;">_____</p> <p><b><u>Please note Autism and ADHD are not in themselves a learning disability</u></b></p>			<p>If so please provide a full <b>Educational Psychologists</b> report. This must state your cognitive functioning level and be from your secondary school.</p>
<p>You receive a <b>War Pensioners' Mobility Supplement</b></p>			<p>All pages of you statement of Award letter (dated within 12 months)</p>
<p>You are profoundly (70 - 95dBHL) or severely deaf (95+dBHL) in both ears?</p>			<p style="text-align: center;">Audiologists report</p>

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### Section C

Do you have a severe and enduring mental disorder?

You will need to contact your health care professional who is treating you for your condition, to complete the medical fitness to drive form e.g. GP or Psychiatrist

Yes No

Please note: That a Freedom Pass will not be issued on the grounds of persistent misuse of drugs or alcohol.

### Section C continued

We will consider giving you a Freedom Pass if you have been refused a driving license or if your doctor can provide us with medical evidence to demonstrate that if you applied for a licence to drive a motor vehicle you would have your application refused on the basis of physical fitness. This cannot be on the grounds of persistent misuse of drugs or alcohol.

You will need to provide evidence that shows one of the following:

**FITNESS TO DRIVE - Have you, or would you be, refused a driving licence (not including refusal due to persistent use of drug or alcohol) on medical grounds?**

Yes No

**Do you have one of the following conditions?**

**a. Epilepsy**

If you have ticked Yes to part a, you will need to supply a copy of the DVLA letter when you surrendered your licence or ask your GP to complete the 'Fitness to Drive' form included with this form.

**b. Sudden attacks of fainting.**

If you have ticked Yes to part b, you will need to supply a copy of the DVLA letter when you surrendered your licence or ask your GP to complete the 'Fitness to Drive' form included with this form.

**c. Inability to read a registration plate at 20.5 metres with lenses or glasses.**

If you have ticked Yes to part C, you need to ask your ophthalmologist to provide a report.

**d. Any other disability which is likely to cause the driving of vehicles to be a source of danger to the public. (Which does not manifest itself as a physical disability)**

If you have ticked Yes to part D, you will need to supply a copy of the DVLA letter when you surrendered your licence or ask your GP to complete the 'Fitness to Drive' form included with this form. (This must be a condition covered by the 'Medical standards of Fitness to Drive')

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### Section E

#### Discretionary Eligibility Criteria

			YES	NO
	<b>Do you have a moderate to severe Learning Disability?</b>	<b>If you have answered No to this question; please contact the Community Learning Disability Team (CLDT) Tel: 020 8921 4860 (Duty)</b>		
	<b>Are you unable to communicate orally (speech)</b>	<b>If you are unable to speak, you will need to provide medical evidence to support your application. Please provide a hospital consultants letter indicating the diagnosis and how it has affected you.</b>		
	<b>Do you have the loss of both arms or the long-term loss of the use of both arms?</b>	<b>You will need to attend an assessment and also provide medical evidence in support of the application. This needs to be in the form of a hospital letter from your consultant.</b>  <b>Please describe your actual disability in relation to the loss of your upper limbs.</b>		



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### Section H

#### Declaration - All applicants must complete this section

I declare to the best of my knowledge, all statements I have made in this form are true.  
I agree to Greenwich Council sharing the information I have provided to make the necessary checks and agree to them contacting, Benefits Agencies, Adults & Older People's Service's and Children's Services, if it is necessary for the purpose of obtaining information about me in support of my application for a Freedom Pass.

I am a permanent resident in the London Borough of Greenwich and accept the conditions of use.

I understand that if I give any false information as part of this application it may render me liable to prosecution and that the service you are providing will be withdrawn.

I understand that any information about me may be kept on computer in accordance with the Data Protection Act 1998.

Signed:

Applicant/Parent of Child

Date:

**PLEASE DO NOT SEND ORIGINAL DOCUMENTS IN  
THE POST**

**ONCE COMPLETED YOU MAY TAKE THE FORMS TO ELTHAM CENTRE FOR  
SAFE TRANSIT TO OUR OFFICE OR YOU MAY BRING IT DIRECTLY TO THE  
WOOLWICH CENTRE:**

**FAO Mobility Team, the Woolwich Centre, 35 Wellington Street, London SE18  
6HQ**

***Mobility Team***

  
**ROYAL** borough of  
**GREENWICH**

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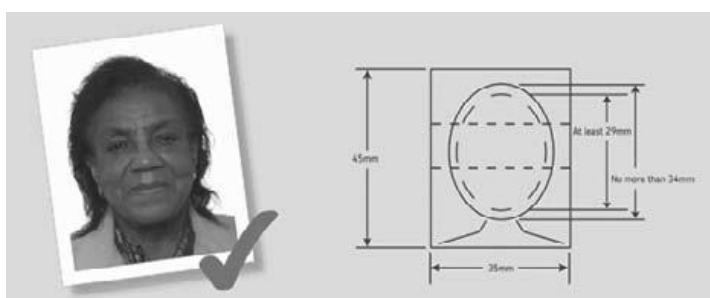
### Section I

#### **CHECK LIST**

Please ensure that you provide the following with your application. Please tick (✓) the evidence you are sending.

**One passport compliant photo. Taken within the last 12 months**

Example of acceptable photograph



**Proof of your Identity (only one of these is required)**

1. Birth Certificate
2. Marriage Certificate
3. Passport
4. Valid Driving Licence

**Proof of your address, not more than 3 months old. Listed below are the only proofs that can be accepted.**

You must send one of any of the following documents with you application to prove you live within the Royal Borough of Greenwich. The documents must be addressed to you personally and issued within the last 3 months. Please tick (✓) the evidence you are sending.

- |                                                                           |                                                                                             |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Benefits Letter                                  | <input type="checkbox"/> Utility bill i.e. Gas, Electric, Water, (not a mobile phone bill). |
| <input type="checkbox"/> Rent Book (Council, Housing Association)         | <input type="checkbox"/> Council Tax bill (Can be dated within the last 12 months)          |
| <input type="checkbox"/> Tenancy Agreement (Council, Housing Association) | <input type="checkbox"/> Personal credit card statement                                     |
|                                                                           | <input type="checkbox"/> Current TV licence                                                 |



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### Section J

#### Ethnic Monitoring

To help improve our service delivery and to ensure that services are being delivered fairly to all the communities we serve; we would be grateful if you would complete the information below. Please tick ✓ the appropriate box

<b>White/British</b>		<b>White/Irish</b>	
<b>White/Irish</b>		<b>White/Other</b>	
<b>Mixed/White &amp; Black/ Caribbean</b>		<b>Mixed/White &amp; Black/ African</b>	
<b>Mixed/White &amp; Asian</b>		<b>Mixed/Other Mixed</b>	
<b>Asian/Asian British/Indian</b>		<b>Asian/Asian British/Pakistani</b>	
<b>Asian/Asian British/Other Asian</b>		<b>Black or Black British/ Caribbean</b>	
<b>Black or Black British/ African</b>		<b>Black or Black British/ Other Black</b>	
<b>Chinese</b>		<b>Chinese/Other</b>	
<b>Other Ethnic Group Please tell us here:</b>			

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### Religion or Faith

<b>Buddhist</b>		<b>Jewish</b>	
<b>Christian</b>		<b>Sikh</b>	
<b>Hindu</b>		<b>Other</b>	
<b>Muslim</b>		<b>No religion</b>	
<b>I prefer not to say</b>			

### Sexual Orientation

<b>Heterosexual</b>		<b>Lesbian</b>	
<b>Gay Man</b>		<b>Bisexual</b>	
<b>I prefer not to say</b>			

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**For office use only**

Date application received:			Proof of address and Identity:
APPROVED / NOT APPROVED		To be reassessed: Y <input type="checkbox"/> N <input type="checkbox"/>	
Medical Evidence submitted			
Issue: NEW / RENEWAL			
Date FP ordered		Date of issue to applicant:	
Signature of Applicant on receipt of Freedom Pass:			