



Disabled Person's Freedom Pass

SECTION A: Personal Details (to be completed by all applicants)

Title (Mr, Mrs, Miss, Ms)

Date of Birth (DD/MM/YEAR)

Gender

National Insurance Number

FULL NAME

ADDRESS

Postcode

Tel

Email

PREVIOUS ADDRESS IF DIFFERENT IN THE LAST THREE YEARS

Postcode

FOR OFFICE USE ONLY DO NOT COMPLETE

APPROVED:

TA (A) BLIND/PARTIALLY SIGHTED

TA (B) PROFOUNDLY OR SEVERELY DEAF

TA (C) WITHOUT SPEECH

TA (D) HIGH RATE DLA INDEFINATELY

HIGH RATE DLA WITH EXPIRY DATE OF ___/___/_____

PHYSICAL DISABILITY WITH GP CONFIRMATION

TA (E) COMPLETE LOSS OR LOSS OF USE OF BOTH ARMS

TA (F) LEARNING DISABILITY

TA (G) REFUSAL OF A DRIVING LICENCE

NOT APPROVED:

REASON:

SECTION B: ETHNIC MONITORING (to be completed by all applicants)

<input type="checkbox"/> Black/Black British	<input type="checkbox"/> Asian/Asian British	<input type="checkbox"/> White	<input type="checkbox"/> Mixed
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> British	<input type="checkbox"/> White & Black Caribbean
<input type="checkbox"/> African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Irish	<input type="checkbox"/> White & Black African
<input type="checkbox"/> Other Black	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other White	<input type="checkbox"/> White & Asian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Mixed	
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Any Other Ethnic Group		

SECTION C: ELIGIBILITY WITHOUT FURTHER ASSESSMENT

Blind or Partially Sighted

Are you registered as blind or partially sighted? YES NO

Were you registered in the London Borough of Hounslow? YES NO

If YES, provide a copy of your BD8, CVI, other registration document, or professional medical confirmation from an ophthalmologist.

Profoundly or Severely Deaf

Has an aural specialist assessed you as having a hearing loss of 70dBHL to 95+dBHL?

YES NO

If YES, please a copy of your audiological report.

Higher Rate mobility component of Disability Living Allowance

Do you receive Disability Living Allowance? YES NO

If YES, please provide evidence showing how long the award has been made for (e.g. an official letter confirming an award of the allowance, please call the DWP on 08457 123456 if you do not have a copy of this letter).

War Pensioners' Mobility Supplement

Do you receive War Pensioners' Mobility Supplement?

YES NO

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

IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS ABOVE PLEASE PROVIDE THE REQUESTED EVIDENCE AND GO TO SECTION E

SECTION D: ELIGIBILITY REQUIRING FURTHER ASSESSMENT

Without Speech

Are you unable to communicate orally? YES NO

Loss of Arms or Long Term Loss of the Use of Both Arms

Are you unable to use both arms or do you not have arms? YES NO

Learning Disability

Do you have a significant learning disability with an IQ of less than 70?

YES NO

Are you known to Social Services or attend a specialist learning disability centre?

YES NO

Are you in receipt of the lower rate mobility component of the Disability Living Allowance?

YES NO

If YES, please provide evidence showing how long the award has been made for (e.g. an official letter confirming an award of the allowance).

Refusal of a Driving Licence

Would you be refused a driving licence for reasons other than the misuse of drugs or alcohol?

YES NO

If you have official confirmation from the DVLA of this, please enclose a copy of the letter with your application.

Physical Disability

Are you unable to walk or experience considerable difficulty in walking due to a permanent and substantial disability? YES NO

IF YOU HAVE ANSWERED YES TO ANY OF THESE QUESTIONS PLEASE COMPLETE SECTION E

SECTION E: PROFESSIONAL DETAILS

Please provide details of registered health professional who could be asked to provide information regarding your mobility (e.g. Occupational therapist, Physiotherapist, GP, Hospital Doctor, social worker)

Name

Professional Title

Address

Postcode:

SECTION F DECLARATION (to be completed by all applicants)

I declare that, to the best of my knowledge, all the information I have provided is correct and I agree that you can check the information.

I am a permanent resident in the London Borough of Hounslow and I undertake to notify you of any change of address within 14 days.

I do not hold an Older Person's Freedom Pass. I understand that I am responsible for the safe keeping of my pass and that it is for my use only. I will not allow it to be used by any other person. I understand that the Freedom Pass remains the property of Transport for London and is not transferable.

I will inform the London Borough of Hounslow if my illness or disability changes in any way.

I will report any lost or stolen card to the London Borough of Hounslow within 7 days.

I understand if I intentionally give false information I may be prosecuted.

I agree to the Local Authority contacting an accredited health professional if necessary, for the purpose of obtaining information to support my application. I also consent for the Local Authority to share information with other council departments or other local authorities for the purposes of assessing my eligibility for the scheme.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. Under section 6 of the Audit Commission Act 1998, we must take part in the National Fraud Initiative (NFI) data matching exercise. This means that the information we hold about your Freedom Pass will be used for cross-system and cross-authority comparisons to prevent and detect fraud.

For further information, go to the website:

www.hounslow.gov.uk/data_protection

You can also contact Robert Della-Sala (Data Protection Officer) via an electronic form at the same web page.

I understand that the information supplied by me on this form will be maintained by the Council and will not be disclosed to any other party save those who are responsible for the enforcement of the Freedom Pass Scheme, to Transport for London, London Councils 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 Freedom Pass scheme.

Signed

Name

Relationship if
not the applicant

Date