



# Disabled Persons' Freedom Pass



## Application Form

**The Disabled Persons Freedom Pass** provides free travel in Greater London on buses, the underground, Docklands Light Railway, Croydon Tramlink and National Rail Services. There are no time restrictions on when you can travel. It is available to people that meet criteria set out in the Transport Act (2000).

Do you have a current Haringey Disabled Persons' Freedom Pass? YES  NO

If yes, what is the serial number?

### Section A: Personal details

**ALL** applicants must complete this section.

Title:  Surname:   
*Mr/Ms/Mrs/Miss/other*

Forename:

Address:

Postcode:

Telephone:

Date of Birth:  Current age:

**ALL** applicants must provide proof of their **permanent address in Haringey dated within the last 3 months.**

This can be a photocopy of **ONE** of the following:

- A recent council tax, electric, gas, telephone or water bill
- Benefits Agency / Inland Revenue letter
- Bank / Building Society statement

Please also supply one passport size photograph with your name printed on the back and dated.

Please note that passes cannot be issued to "care of" addresses, drop-in centres, visitors or people of no fixed abode.

## Section B: Automatic Eligibility Criteria

If you tick YES to any part of this section, you may automatically qualify for a Disabled Persons Freedom Pass. Proof must be provided.

### Benefits

Do you receive either of the following:

Higher Rate Mobility Component of Disability Living Allowance:

Yes  No

War Pensioners' Mobility Supplement

Yes  No

If yes, please provide a photocopy of your entitlement letter.

### Visual Impairment

Do you have a CV1/BD8 confirming you are blind/partially sighted?

Yes  No

If you ticked **YES**, we will need a photocopy of your CV1 or BD8 form which confirms your visual impairment OR written confirmation that you are known to, or registered with, Haringey's Sensory Impairment Team.

If you have ticked **YES** to any of **SECTION B** and provided the necessary proof please go to **SECTION D** and sign and date the declaration. If any part of **SECTION B** does not apply to you go to **SECTION C**.

## Section C: Other Eligibility Criteria

**ALL** applicants who do not qualify automatically (see **SECTION B**) must complete this part of the form.

Please state your DOCTOR'S name, address and telephone number. Your doctor will only be contacted if additional supporting evidence is required.

Name:

Address:

Postcode:

Telephone:

Please indicate the name and description of your disability or long term health problems.

Please also list the medication you are taking for your disability, indicating dosage and frequency. Where applicable please enclose a copy of your latest prescription with this application.

### 1. Hearing and speech impairments

This part is for applicants with hearing and/or speech impediments. It DOES NOT include those who are able to communicate orally but whose speech may be slow or difficult to understand

Please complete only those parts that apply to you.

**Has an Aural Specialist assessed you as 'profoundly' or 'severely' deaf?**

Yes  No

If yes, please enclose an Audio Logical Report.

**Do you have a speech impediment?**

Yes  No

If yes, please provide medical evidence.

**Are you known to Haringey Social Services Sensory Impairment Team for your hearing or speech impairment?**

Yes  No

If Yes, please give the contact name and telephone number of the case worker

**Name:**  **Telephone:**

if No, please arrange for your doctor to complete the enclosed medical report form.

## 2. Walking Impairments

This part is for applicants who have mobility impairments. Please give as much detail and information as possible.

**Please note that all applicants with mobility difficulties will be required to attend a mobility assessment with the Integrated Community Therapy team at Haringey Teaching Primary Care Trust (PCT). You will be contacted directly by the PCT if you require an assessment.**

**Do you use any of the following?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Walking Stick | <input type="checkbox"/> Artificial Leg          | <input type="checkbox"/> Walking Frame |
| <input type="checkbox"/> Wheelchair    | <input type="checkbox"/> Crutches/elbow crutches | <input type="checkbox"/> Escort        |

**Please tick the boxes to indicate any difficulties experienced when walking**

- |   |  |
|---|--|
| <input type="checkbox"/> Walking causes me severe pain              | <input type="checkbox"/> I have problems with my balance |
| <input type="checkbox"/> I get tired after walking a short distance |  |

**If you have other difficulties, please specify**

## 3. Without the use of both arms

**I am without the use of both arms**

Yes  No

## 4. Medical condition that would disqualify you from holding a driving licence

This part is for applicants who have been, or are likely to be, refused a United Kingdom Driving Licence on the grounds of being medically unfit.

- a) **Have you been refused a driving licence on the grounds of being medically unfit to drive (other than for persistent misuse of drugs or alcohol)?** Yes  No
- If yes, please provide a copy of the DVLA refusal letter

- b) **Do you suffer from a severe mental disorder which prevents you from driving?** If yes, what is the name of your condition? Yes  No

**If yes, do you currently have a community care plan?**

Please provide the Name and contact telephone number for your case worker/social worker

- c) **Have you had an Epileptic Fit while awake within the last 12 months?** Yes  No

- d) **Do you suffer from sudden attacks of giddiness or fainting?** Yes  No   
(whether as a result of cardiac disorder or otherwise)

- e) **Are you unable to read a registration plate in good light at 20.5 metres** Yes  No

- f) **Do you suffer from any other condition which prevents you from driving safely?** If yes, what is the name of your condition? Yes  No

**If you have answered YES to any of (b) to (f), please arrange for your doctor to complete the enclosed medical report form.**

## 5. Learning Disability

- Are you known to Haringey's Community Learning Difficulties Services?** Yes  No

If yes, please provide the name and telephone number of your care/social worker.

**Name:**  **Telephone:**

If no, please arrange for your doctor to complete the enclosed medical report form.

## Section D: Declaration

**ALL** applicants must sign and date the declaration.

- I confirm that the information given above is true and accurate to the best of my knowledge.
- I accept that the Council may make further enquiries to satisfy itself that the information provided is true.

**I have enclosed a copy proof of my permanent address no more than 3 months old in Haringey.** Yes  No

**I have enclosed the proof(s) of my automatic qualification as requested in SECTION B.** Yes  No

**I have enclosed any additional documentation as requested in SECTION C.** Yes  No

**If applicable, I have arranged for my doctor to complete the enclosed medical report form.** Yes  No

**I have enclosed one passport size photograph.** Yes  No   
(please clearly write name and date at the back of the photo)

Signed \_\_\_\_\_ Date \_\_\_\_\_

# Equal Opportunities Monitoring Form

As a public authority, Haringey Council is required by law to carry out equal opportunities monitoring of everything we do to make sure that all sections of the community have access to the Council whether in terms of jobs or services.

The information you provide in this section will help us to check that we are fulfilling this duty and help us to improve the quality of services to all of our service users.

## Ethnicity

What is your ethnic group? (Please tick one box from the appropriate section)

### White

- |               |                          |                 |                          |
|---------------|--------------------------|-----------------|--------------------------|
| British       | <input type="checkbox"/> | Irish           | <input type="checkbox"/> |
| Greek/Cypriot | <input type="checkbox"/> | Irish Traveller | <input type="checkbox"/> |
| Turkish       | <input type="checkbox"/> | Turkish/Cypriot | <input type="checkbox"/> |
| Gypsy         | <input type="checkbox"/> | Kurdish         | <input type="checkbox"/> |
| Other         | <input type="checkbox"/> |                 |                          |

Please write in: \_\_\_\_\_

### Mixed

- |                           |                          |                         |                          |
|---------------------------|--------------------------|-------------------------|--------------------------|
| White and Black Caribbean | <input type="checkbox"/> | White and Black African | <input type="checkbox"/> |
| White and Asian           | <input type="checkbox"/> |                         |                          |
| Other                     | <input type="checkbox"/> |                         |                          |

Please write in: \_\_\_\_\_

### Asian or Asian British

- |             |                          |                    |                          |
|-------------|--------------------------|--------------------|--------------------------|
| Indian      | <input type="checkbox"/> | Pakistani          | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | East Asian African | <input type="checkbox"/> |
| Other       | <input type="checkbox"/> |                    |                          |

Please write in: \_\_\_\_\_

### Black or Black British

- |           |                          |         |                          |
|-----------|--------------------------|---------|--------------------------|
| Caribbean | <input type="checkbox"/> | African | <input type="checkbox"/> |
| Other     | <input type="checkbox"/> |         |                          |

Please write in: \_\_\_\_\_

### Chinese or other ethnic group

- |         |                          |
|---------|--------------------------|
| Chinese | <input type="checkbox"/> |
| Other   | <input type="checkbox"/> |

Please write in: \_\_\_\_\_

## Gender

Are you: Male  Female

## Further Information

You can hand in your completed form at any of the following four Customer Services Centres.

### **South Tottenham Customer Service Centre**

Apex House, 820 Seven Sisters Road, London N15 5PQ

### **Wood Green Customer Service Centre**

48 Station Road, Wood Green, London N22 7TY

### **Hornsey Customer Service Centre**

The Broadway, Crouch End, London N8 9JJ

### **North Tottenham Customer Service Centre**

639 High Road, Tottenham, London N17 8BD

Alternatively you can post your form and other relevant documents to:

Concessionary Travel Team, Haringey Council, P.O. Box 38996, London, N22 9AF.

## **What will happen next?**

Your application will be assessed within 6 weeks of receiving your completed application form. If we require further information we will write to you within 10 working days of receiving your application.

## **Successful Applicants**

If you qualify for a Freedom Pass you will be sent a letter giving you details about how to collect your Freedom Pass.

If your application is not successful, we will write to you with the reason for our decision and provide details of how to appeal.

## **How can I get further help or information?**

You can find out more information from your local Customer Services Centre, or contact the Concessionary Travel team on 020 8489 1865 or 020 8489 1878, or email [concessionary.travel@haringey.gov.uk](mailto:concessionary.travel@haringey.gov.uk)

## **Data Security Statement:**

Haringey Council 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.

For further information contact the Data Protection Officer, Feedback & Information Team, Haringey Council, River Park House, High Road, Wood Green, London N22 8HQ or [dataprotection@haringey.gov.uk](mailto:dataprotection@haringey.gov.uk)

**For Office Use Only**

Type of Disability

Applicant Identity Number  Date Received

Scanned Yes  No  Initials of Scanner

Title:  Surname:   
*Mr/Ms/Mrs/Miss*

Other Names:

Application Progress: Complete  Incomplete

Date Sent Back:  Date Returned:

Reason: POA Insufficient  Medical Evidence  Failed to Provide 1   
Requires Stamp Photographs  
Not Resident of  Client's Signature  CV1/BD8 Evidence   
Borough Missing Required

Comments:

Outcome: Accepted:  Refused:  Date:  Authorised By:

Type of Disability: BLI  PRA  DLA  WAR  DIS  Administrator: