

Photograph

Disabled Persons Freedom Pass

Application Form

The Disabled Persons Freedom Pass provides free travel across London on buses, the underground, Docklands Light Railway, Croydon Tram link and National Rail Services and free bus journeys nationally. There are no time restrictions when you can travel for disabled persons freedom pass holders. It is available to people that meet the criteria set out in the Transport Act (2000).

The travel concessions permit (freedom pass) is offered free of charge; However, the legislation does not require the applicant to be fully indemnified for the cost of providing his/her photograph, or for any signed medical certification, or any postage on his/her application.

Do you have a Haringey Disabled Persons Freedom Pass?

YES NO

If yes, what is the serial number?

Issued by

Section A: Personal details

ALL applicants must complete this section.

Title:	<input type="text"/>	Surname:	<input type="text"/>
Forename:	<input type="text"/>		
Address:	<input type="text"/>		
Postcode:	<input type="text"/>	Email:	<input type="text"/>
Telephone:	<input type="text"/>	National Insurance Number:	<input type="text"/>
Date of Birth:	<input type="text"/>	Current age:	<input type="text"/>

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

The easiest way to provide us with your proof of residency is to give us your Council Tax reference number:

If you are not registered on Council Tax, then please provide us with a copy of one of the following documents as evidence of your address:

- A signed Housing Association or Council Tenancy Agreement.
- Letter from HM Revenues & Customs or Department of Work and Pensions signed and recently dated.
- Driving License photo identity card showing updated address within Haringey.

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

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

Have you been awarded the mobility component of the Disability Living Allowance at the higher rate for a period of at least 12 months?

Yes:

No:

If yes, please provide a copy of the original confirmation letter of your award.

Have you been awarded Personal Independence of 8 points or more in the category 'Moving around'? If yes, please provide a copy of the entitlement letter showing that you are in receipt of this award.

Yes:

No:

Have you been awarded Personal Independence Payment mobility component of PIP and have obtained 10 points specifically for Descriptor E under the 'planning and following journeys' activity, on the grounds that you are unable to undertake any journey because it would cause you overwhelming psychological distress? If yes, please provide a full copy of the entitlement letter showing you receive this award.

Yes:

No:

Have you been awarded a War Pensioners Mobility Supplement for at least 12 months? If yes, please provide a full copy of the entitlement letter of your award.

Yes:

No:

Are you registered blind or partially sighted?

Yes:

No:

If yes, please provide a copy of the BD8 or CVI form confirming your visual impairment. Alternatively provide 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 have 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, please 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.

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.

Has an Aural Specialist assessed you as 'profoundly' or 'severely' deaf? Yes: No:

If yes, please enclose an Audio Logical Report stating that your hearing loss is greater than 70dB HL

Do you have a speech impediment? Yes: No:

If yes, please provide medical evidence or, if you are in receipt of Personal Independence and have 8 points or more under Communicating Verbally, please provide a copy of the original letter.

Are you known to Haringey Social Services Sensory Impairment Team Yes: No:

for hearing or speech impairment?

If yes, please provide the name and contact number of your key person that supports you.

Name:

Telephone:

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 (ICTT). You will be contacted directly by the ICTT by letter to let you know the date and time of your appointment.

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

Do you have no arms or are you without the long-term use of both arms?
If yes, please provide written medical evidence.

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 to drive.

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 or see the attached Disabled Person's Freedom Pass Fitness to Drive Form to be completed by your GP.

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 if not, please provide medical evidence

[Empty box for name and contact information]

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

If yes, please enclose medical evidence

Yes No

d) Do you suffer from sudden attacks of giddiness or fainting? whether because of cardiac disorder or otherwise; If yes, please enclose medical evidence.

e) Are you unable to read a registration plate in good light at 20.5 metres If yes, please enclose medical evidence

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 and enclose medical evidence?

Yes No

[Empty box for condition name and evidence]

5. Learning Disability

Are you known to Haringey's Community Learning Difficulties Services?

Yes No

yes, please provide the name and telephone number of your healthcare or social worker.

Name: [] Telephone: []

If no, please provide evidence.

Section D: Declaration

ALL applicants must sign and date the declaration.

I declare that to the best of my knowledge all statements I have made on this form are 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 and accurate. I understand that the provision of any false information as part of this application may render me liable to prosecution.

I am a permanent resident in the London Borough of Haringey.

Should any changes occur, that may affect my entitlement to a Freedom Pass, I will inform Haringey Concessionary Travel Team immediately.

I also understand that it is my responsibility as the named holder to protect my Freedom Pass. Misuse by me or by any family member or friend may result in prosecution.

I authorise my healthcare professional, social service officers any contact person nominated on this form to disclose any information necessary for the purpose of assessing this form and my eligibility for a Disabled Persons Freedom Pass.

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

I have enclosed the proof of my automatic eligibility as requested in Section B. Yes No

I have enclosed additional documentation as requested in Section C. Yes No

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

Signature _____ 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 this 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 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 | <input type="checkbox"/> |
| African 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 | <input type="checkbox"/> | Female | <input type="checkbox"/> |
|---------------|--------------------------|--------|--------------------------|

Only complete if you have selected yes to Q4 Medical condition that would disqualify you from holding a driving licence

The Disabled Person's Freedom Pass scheme: Fitness to Drive Form

Dear Applicant please discuss with your doctor about your medical fitness to drive prior to the completion of this form as they may charge a fee.

Note: any expenses incurred in completing this form will be payable by the applicant, Haringey Council will not accept any invoices requesting payment

Please return the completed form to:

Concessionary Travel, Haringey council, P O Box 55290, London N22 9GA or upload using the following link [Contact us about Blue Badges and Concessionary Travel \(haringey.gov.uk\)](http://haringey.gov.uk)

Freedom Pass Application for:

Name of applicant:

Address:

Postcode: Contact Number

Date of Birth:

Dear Doctor

We need to establish if your patient is medically fit to drive because of their medical condition/s. The fact that they may not currently hold a driving licence or cannot drive is immaterial. We only need to establish whether they would be a danger to themselves or others if they were to be driving.

Q1. Indicate if they applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, would they have their application refused in accordance to section 92 of the Act (physical fitness) for reasons other than on the ground of the persistent misuse of drugs or alcohol.

Please indicate by ticking the relevant box

<input type="checkbox"/>	No (Is Fit to drive) Go to Q5 to sign/date
<input type="checkbox"/>	Yes (Is Unfit to drive)

Q2. If applicant is medically unfit to drive, please state the medical condition/s, date of diagnosis causing this:

Q3. Please indicate which section(s) of the **DVLA standards** the client falls under?

	Psychiatric Disorder
	Neurological Disorder
	Visual Disorder
	Cardiovascular Disorder
	Diabetes Mellitus
	Renal Disorder
	Respiratory Disorder

Q4. If **currently unfit to drive**, indicate whether you anticipate that satisfactory control of your patient's medical symptoms is likely to be attained in future to enable driving in future?

	Yes - anticipate they will be able to drive in future
	No - do not anticipate they will be able to drive in future
	Maybe - could possibly be fit in future to drive

Comments re potential & future fitness to drive:

Q5. To be signed and dated by the GP



Doctor Name*

Doctor signature*

Date*

Practice Stamp*

Further Information

Please return your completed application form and supporting documentation to:
Concessionary Travel Team, Haringey Council, P.O. Box 55290, London, N22 9GA.

Alternatively, you can hand in your completed application form and supporting documents at any of the following Customer Services Centres.

Marcus Garvey Centre - Library and Customer Services

Tottenham Green Pools and Fitness, 1 Philip Lane, Tottenham, N15 4JA

Wood Green Library and Customer Services

187-197A High Road, Wood Green, N22 6XD

What will happen next?

Your application will be assessed within 6 weeks of receiving your completed form and supporting documents as requested. 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 to advise; Your Freedom Pass will be sent from London Councils to your home address. Therefore, you will need to inform us if you change your address.

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 our website at <https://www.haringey.gov.uk/disabled-persons-freedom-pass>, or contact the Customer Services on 020 8489 1000, or email 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, dataprotection@haringey.gov.uk
Feedback & Information Team, Haringey Council, River Park House, High Road, Wood Green,
London N22 8HQ or dataprotection@haringey.gov.uk