

Disabled Persons' Freedom Pass Application and Renewal Form

CONFIDENTIAL

Please refer to the Guidance Notes before you complete this form.



Do you have a current Camden Disabled Persons' Freedom Pass Yes No

SECTION A – PERSONAL DETAILS (To be completed by ALL applicants)

Surname	<input type="text"/>	Mr/Mrs/Miss/Ms/Other	<input type="text"/>
First name	<input type="text"/>		
Address	<input type="text"/>		
		Postcode	<input type="text"/>
Phone number	<input type="text"/>	Mobile number	<input type="text"/>
E-mail address	<input type="text"/>		
Date of Birth	<input type="text"/>	Current Age	<input type="text"/>
Please state your DOCTOR'S full name and address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

What is your ethnic group: Please tick (✓)

Our ethnic background describes how we think of ourselves. Ethnic background is not the same as nationality or country of birth. The groups listed below reflect the largest ethnic groups in Camden. You are asked to choose the ethnic group that is closest to how you see yourself and specify a more specific group if you wish.

White

- White British
- White Irish
- Any other White background, please specify

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background, please specify

Chinese or other ethnic group

- Chinese
- Any other group, please specify

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, please specify

Black or Black British

- Caribbean
- Somali
- Any other Black African background, please specify

- Any other Black background, please specify

SECTION B – QUALIFYING CRITERIA – The Transport Act 2000

To qualify for the issue of a Disabled Persons' Freedom Pass (DPFP) you must meet at least one of the criteria in the Transport Act 2000.

The criteria are listed below (please tick as appropriate):

PART 1 *“You are blind or partially sighted”*

Yes No

Are you registered with Camden Council's Sensory Needs Service?

Yes No

If not you must provide a copy of a BD8 or CVI confirming that you are blind or partially sighted.

PART 2 *“You are profoundly or severely deaf”*

Yes No

Hearing loss is measured in decibels, as dBHL (Hearing Level). People are generally regarded as having a severe hearing loss if it reaches 70-95 dBHL and a profound loss if it reaches 95+ dBHL. This has to be in BOTH ears.

Are you known to Camden Council's Sensory Needs Service?

Yes No

You must provide an audiology report that confirms your hearing loss.

PART 3 *“You are without speech”*

Yes No

Are you known to Camden Council's Sensory Needs Service for your speech impairment?

Yes No

You must be unable to communicate orally in any language.

PART 4 *“You have a disability, or have suffered an injury, which has a substantial and long-term adverse effect on your ability to walk”*

Yes No

Please complete Section C of this form if you have ticked yes.

PART 5 *“You do not have arms or have long-term loss of the use of both arms”*

Yes No

This category includes upper limb double amputees and those with congenital absence of both upper limbs. You must provide medical evidence to confirm this.

PART 6 *“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”*

Yes No

Are you known to Camden Council's Learning Disabilities Service?

Yes No

Please provide the name and telephone number of your care manager, case/social worker:

Name: Telephone:

PART 7 *“You would, if you applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, have your application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the ground of persistent misuse of drugs or alcohol”*

Yes No

You must provide either a copy of the Driver & Vehicle Licensing Authority (DVLA) refusal letter or a letter from your consultant, doctor or medical specialist confirming that you would not qualify for the issue of a driving license due to the nature of your disability.

SECTION C – MOBILITY QUESTIONNAIRE

Please indicate the name/diagnosis of your disability

Please indicate any medication you take, relevant to your disability

1. Does your condition have a **substantial** and **long-term** adverse affect on your mobility? Yes No
2. Does this condition seriously impair your ability to walk? Yes No
3. How far are you able to walk without experiencing **pain or difficulty**? Please tick only one box below.
0 metres 50 metres 100+ metres

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4. How far are you able to walk without becoming **severely** tired or breathless at normal speed? Please tick only one box below.
0 metres 50 metres 100+ metres

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5. Approximately how many steps are you able to climb without difficulty?
6. Are you able to stand for up to 20 minutes without difficulty? Yes No
7. Do you use any mobility aids to assist your walking? Yes No
If yes, what aids do you use?
8. Do you suffer falls? Never Occasionally Frequently

Mobility Assessment

If we need more information about your health we may ask you to attend a Mobility Assessment at our office. All applicants may submit additional information if they wish. This can be a letter from your Social Worker, Community Nurse, Occupational Therapist, GP or other key worker to support your application. The statement must be on letter headed paper, signed and dated.

SECTION D – OTHER QUALIFYING CRITERIA

You may qualify for the issue of a Disabled Persons' Freedom Pass if you receive any of the following:

Do you receive the higher rate mobility component of Disability Living Allowance (DLA) or PIP - Personal Independence Payment? Yes No

You must provide a copy of your **current** entitlement letter. Copies of entitlement letters can be obtained by calling the DLA Helpline on 0300 330 1433 or PIP Helpline on 0345 850 3322.

Do you receive the War Pensioner's Mobility Supplement (WPMS)? Yes No

You must provide a copy of your **current** entitlement letter. Copies of entitlement letters can be obtained by calling the Veterans Helpline 0808 1914 218.

Parking and Taxicard Concessions

If you have any of the following, please provide the membership number.

Taxicard

Disabled Parking Badge

CA

SECTION E – DECLARATION (To be completed by ALL applicants)

I declare that the information given on this form is true to the best of my knowledge. Should any change occur that may affect my entitlement to a Freedom Pass, I will inform the Camden Accessible Travel Solutions immediately. I understand that you may take legal action if I have given any information on this form, which is knowingly inaccurate or untrue, or provide any supporting documentation, which is false or fraudulent.

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

I have enclosed proof of my permanent address in Camden. Yes

I have enclosed the appropriate proof(s) to verify my qualification as requested in Sections B and D. Yes

I have enclosed additional documentation as required (e.g. DVLA refusal letter). Yes

I have enclosed additional documents or information in support of my application. Yes

Signed

Date

Please return the application and other relevant documents to:
Camden Accessible Travel Solutions
London Borough of Camden,
PO Box 64175, London WC1A 9BY.

You will need to put a postage stamp on the return envelope or your application may be delayed.