Disabled Person's Freedom Pass Application and Renewal Form

Camden

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

Do you have a current Camden Disabled Person's Freedom Pass **Yes** ☐ **No** ☐

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

Surname		Mr/Mrs/Miss/Ms/Other	
First name			
Address			
	Postcode:		
Phone number		Mobile number	
E-mail address			
Date of Birth		Current Age	
Please state your DOCTOR'S full name and address			

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

☐ Prefer not to say

_____

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 severely sight impaired 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 – YOUR MOBILITY DETAILS

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

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

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 ☐

Supporting Evidence

If we need more information about your health, we may ask for medical evidence to be provided from a healthcare professional. 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 – AUTOMATIC ELIGIBILITY 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 Personal Independence Payments, with a score of 8+ points for the Moving Around component or 8 points or 12 points for Communicating Verbally

Yes ☐ No ☐

You must provide a copy of your **current** entitlement letter dated within the last 12 months. Copies of entitlement letters can be obtained by calling the DLA Helpline on 0800 121 4600 or PIP Helpline on 0800 121 4433.

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

You must provide a copy of your **current** entitlement letter dated within the last 12 months. 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 Blue Badge number or Taxicard number.

Blue Badge	**Taxicard**

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 my circumstances change, that may affect my entitlement to a Freedom Pass, I will inform the Concessionary Travel Team 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 have enclosed proof of my permanent address in Camden or give consent for my details to be checked on Council's database. Yes ☐

I have enclosed proof of my ID (passport, driving licence, birth certificate) Yes ☐

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

I have enclosed a passport sized photograph or will email a digital photograph to cats@camden.gov.uk. Yes ☐

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

I authorise for my healthcare professional 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. London Borough of Camden do not believe your consent is required to provide your personal data to us, because they can use the legal basis of task undertaken in the public interest ("public task") under UK GDPR articles 6(1)(e) and 9(g) which makes sharing data with us lawful without consent. However, we know that often organisations do ask for consent although this is not required. To prevent delays in handling your case, please provide your consent if they will not rely on the other lawful basis that apply.

Signed | Date

Please return the application and other relevant documents to:

Camden Accessible Travel Solutions
PO Box 64175, London WC1A 9BY

Or by email – cats@camden.gov.uk

To see how we use your personal data please see our Privacy Notice at
www.camden.gov.uk/privacy