

Taxicard Scheme application form

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

Surname

Mr/Mrs/Miss/Ms/Other

Forename

Gender:

Address

Postcode:

Phone number

Mobile number

E-mail address

Date of Birth

Current Age

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, you have the option to choose Prefer Not To Say.

White

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

Asian or Asian British

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

Mixed

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

Black or Black British

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

Chinese or other ethnic group

- ☐ Chinese
☐ Any other group, please specify

☐ Any other Black background, please specify

☐ Prefer not to say

Please give details of your main disability, how long you have had it and how it affects your ability to walk. If you have other disabilities that also affect your ability to get around or to use public transport, please provide details of these.

Your disability and the effect on your mobility:

Please list any medication that you regularly take in relation to your disability:

Disabled Person’s Freedom Pass and Blue Badge

If you have any of the following, please state the Badge/Pass number.

Blue Badge

Disabled Person’s Freedom Pass

PART C – AUTOMATIC ELIGIBILITY CRITERIA

Benefits

Please tick Yes if you currently receive either of the following

Disability Living Allowance Higher Rate Mobility Component
Or PIP – Personal Independence Payment, with 8+ points for
Moving Around activity

Yes ☐

No ☐

War Pensioners Mobility Supplement

Yes ☐

No ☐

Do you have a CVI confirming you are Severely Sight
Impaired

Yes ☐

No ☐

If you have ticked Yes to any of the above, you may automatically qualify for a Camden
Taxicard. You must provide copies of the required proof(s)

Please go to **PART E** and sign and date the declaration.

If **none** of the above automatic eligibility criteria apply to you, please go to **PART D**

PART D – ABOUT YOUR PERSONAL MOBILITY

Is your disability 'substantial and permanent'?

Yes ☐

No ☐

Are you able to walk up to 50 metres (approx. 55 yards) without experiencing pain or difficulty?

Yes ☐

No ☐

Do you use a wheelchair?

Yes ☐

No ☐

Sometimes ☐

Do you use a powered wheelchair?

Yes ☐

No ☐

Sometimes ☐

Are you able to transfer to a Taxi seat?

Yes ☐

No ☐

Do you use any *mobility aids* to assist your walking (eg. Crutches, Walking stick or zimmer frame? If yes, please state which below)

Yes ☐

No ☐

Are you able to walk at least 50 metres without becoming *severely tired or very breathless or experiencing severe discomfort*?

Yes ☐

No ☐

Do you use any medicine, tablets or inhalers to control your condition? Yes ☐

No ☐

(If Yes, please say which below)

Are you able to stand for up to 20 minutes without serious difficulty?

Yes ☐

No ☐

Are you able to get on/off from a bus or train without serious difficulty? Yes ☐

No ☐

(If **No**, please say why not)

Do you require *help or assistance* when travelling?

Yes ☐

No ☐

(If **Yes**, please state what assistance required and the reason)

Do you have any other mobility problems which you would like us

Yes ☐

No ☐

to be aware of? (If **Yes**, please state below or attach an extra sheet)

PART E – SIGN DECLARATION

I confirm that the details given above are true and accurate to the best of my knowledge

Please confirm the following:

- | | | |
|--|------------------------------|-----------------------------|
| • I have included proof of my permanent address in Camden or give consent for my address to be checked | Yes ☐ | No ☐ |
| • I have included ID | Yes ☐ | No ☐ |
| • I have included benefit entitlement letter | Yes ☐ | No ☐ |
| • I have included medical supporting letters | Yes ☐ | No ☐ |
| • I have attached 1 (one) passport sized photograph | Yes ☐ | No ☐ |

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