



# DISABLED PERSON'S FREEDOM PASS PHYSICAL DISABILITY OR LEARNING DISABILITY

## Your guide to applying for a pass

**This guide provides supporting information to help you complete the Freedom Pass application form.**

The Council is authorised and required to determine the eligibility of an applicant. Your application will be considered in accordance with the eligibility criteria prescribed in law and in related Government guidance.

Your main and primary residence must be in Westminster.

The application form reflects all the criteria under which people may qualify for a freedom pass on grounds of physical disability or learning disability.

**You need to use another form if you are applying on grounds of mental health disability.** Application forms can be downloaded from our website: <https://www.westminster.gov.uk/freedom-pass> Alternatively, contact the Freedom Pass team on 020 7823 4567 (option 3) or email [freedompass@westminster.gov.uk](mailto:freedompass@westminster.gov.uk) to request an application form.

**If you are over 60:** to be eligible for an Older Person's pass you must meet the age criteria. Find out more information at [www.freedompass.org](http://www.freedompass.org)

If you are 60 but are not yet eligible for an Older Person's Freedom Pass you can still get free travel in London by applying for the 60+ Oyster Card via the Transport for London website: [www.tfl.gov.uk](http://www.tfl.gov.uk)

## ELIGIBILITY

**You may apply under the following criteria:**

Criteria		Page on application form
1	Disability Living Allowance (DLA) – higher rate mobility component	3
1	Disability Living Allowance (DLA) – lower rate mobility component ( <i>your application will be considered for a discretionary pass only</i> )	3
2	Personal Independence Payment (PIP) – at least 8 points of the Moving Around activity of the mobility component	3
3	Personal Independence Payment (PIP) – at least 8 points of the Communicating activity of the daily living component	3
4	War pensioners' mobility supplement	3
5	Walking impairment	4 – 12
6	Have a learning disability	13
7	Does not have arms or has long-term loss of the use of both arms	13
8	Blind or partially sighted	13
9	Profoundly or severely deaf	13-14
10	Without speech	13-14
11	Medical condition (other than mental health disability) which prevents you from driving	14

As an applicant, it is your responsibility to provide adequate evidence in support of your application. If your eligibility is unclear, you may be required to provide additional information.

Any medical report you supply will be considered, however the final decision regarding your eligibility rests entirely with the Council. This decision will be based solely on whether the Council is satisfied that you meet the eligibility criteria as stated in law. The Council may issue Freedom Passes only in line with the laws and government guidance that govern its issuance of travel concessions. The Council is not permitted to issue a Freedom Pass to an applicant who does not meet the specific eligibility criteria.

The National Pass is valid on most other bus services in England. This means you can use your pass on most local services around the country.

Disabled people who do not meet the statutory eligibility criteria may apply for a discretionary freedom pass if they receive the lower rate mobility component of the DLA. Please note this may be subject to change and because these passes are discretionary, they could be withdrawn at a future date.

The Discretionary Pass has the same entitlement as the National Pass on Transport for London buses, tube, trams, DLR and national rail within Greater London. The pass is not valid for travel outside London.

## **PAGE 1 of the application form**

### **Photograph requirements**

A photograph of the pass holder is necessary in order to ensure the correct use of the pass. The photo does not need to be taken in a photo-booth but must comply with the following passport photographs requirements:

- a colour photograph taken within the last 12 months
- be taken against a plain, light cream or grey background
- show your full head, without any head covering, unless you wear one for religious beliefs or medical reasons
- be taken with your eyes open and clearly visible (no sunglasses or tinted glasses)
- be free from reflection or glare on your glasses, and the frames must not cover your eyes
- not be torn, creased, or marked

If you have difficulties getting a photograph taken in a photo-booth you may take a photograph on a digital camera or mobile phone and email it to [freedompass@westminster.gov.uk](mailto:freedompass@westminster.gov.uk)

## **PAGE 2 of the application form**

### **Ethnic origin**

The purpose of this section is to provide information on whether we are delivering services in an appropriate manner across the whole community. This information is confidential and failing to complete it will not prejudice your application. If you do not wish to fill it in please tick the 'I do not wish to say' box.

## **Proof of address**

You need to provide a **photocopy** of one of the following items:

- Current council tax bill/letter/payment book
- Current council/housing association rent statement dated in the last 6 months
- Current television licence
- Residential utility bill (excluding mobile phone bills) dated in the last 3 months
- HM Revenue and Customs letter dated in the last 3 months
- Department for Work and Pensions letter dated in the last 3 months

## **PAGE 3 of the application form**

The Department for Transport recommends eligibility for a concessionary national pass may be considered "automatic" (not requiring further assessment) where a person is in receipt of:

- the higher rate mobility component of the DLA
- at least 8 points of the Moving Around activity of the PIP
- at least 8 points of the Communicating activity of the PIP,

which link eligibility to the ability to walk or to communicate verbally, provided that the person is of fare paying age and that the award of the benefit has been for at least 12 months or is expected to be for at least 12 months.

Applicants receiving the lower rate mobility component of the DLA will be considered for a discretionary pass.

### **Question 1 – Disability Living Allowance (DLA)**

You will need to provide a copy of the first page of your entitlement notice letter, your evidence must be dated within the last 3 months. If you need another copy, please contact the DLA helpline:

Telephone: 0345 712 3456  
Textphone: 0345 722 4433  
Monday to Friday, 8am to 6pm

Further information can be found online at: <http://www.gov.uk>

### **Question 2 – Personal Independence Payment (PIP)**

You will automatically qualify for a Freedom Pass if you have been awarded at least 8 points of the 'Moving Around' activity of the mobility component or the 'Communicating' activity of the daily living component:

You will need to provide a copy of all the pages of your award notice letter. If you need another copy, please contact the PIP helpline:

Telephone: 0345 850 3322

Textphone: 0345 601 6677

Monday to Friday, 8am to 6pm

Further information can be found online at: <http://www.gov.uk>

### **Question 3 – War Pensioners’ Mobility Supplement**

If you receive a War Pensioners’ Mobility Supplement you will need to provide a copy of your award letter from the Service Personnel and Veterans Agency. They can be contacted via the free-phone enquiry number: 0800 169 22 77.

## **PAGES 4 -12 of the application form**

### **Walking impairment**

Definition: a disability or injury which has a substantial and long-term adverse effect on the ability to walk which

1. means that you cannot walk at all;
2. you are virtually unable to walk; or
3. the exertion required to walk would constitute a danger to your life or would be likely to lead to a serious deterioration in your health.

Relevant specialist health professionals: Physiotherapist, Occupational Therapist, Orthopaedic Surgeon.

This section of the application form includes a questionnaire which will be reviewed by our mobility assessor (a registered Occupational Therapist). You may also be asked to attend an interview.

The application form asks you to estimate how far you can walk. We understand how difficult it can be to accurately work out the distance you can walk. Here are several things that may help you:

- ask someone to walk with you and pace the distance you walk: the average adult step is less than a metre. For example, if the person walking with you took 100 steps, you will have walked about 90 metres;
- a size 9 shoe is about a third of a metre;
- a double-decker bus is about 11 metres long;
- a full-sized football pitch is about 100 metres long.

If you have had surgery in the past three to six months (or if you are waiting for surgery in the next three to six months) a mobility assessment cannot be carried out until after the health professional who is providing your rehabilitation treatment tells you that you have reached your maximum level of mobility and that no further improvement is likely. If your period of recovery will take over twelve months, a mobility assessment can be arranged.

## **PAGE 13 of the application form**

### **Learning Disability**

Under the Concessionary Bus Travel Act, 2007, you will be eligible for a Disabled Person's Freedom Pass from your fifth birthday if 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*". Government guidance to the Act defines 'learning disability' in the following way:

A person with a learning disability has a reduced ability to understand new or complex information, a difficulty in learning new skills, and may be unable to cope independently. These disabilities must have started before adulthood and have a lasting effect on development. The person should be able to qualify for specialist services and he or she may have had special educational provision.

### **Without the use of both arms**

This is defined as limb reduction deficiency of both arms that results from amputation of both arms; muscular dystrophy; spinal cord injury; motor neurone disease or another condition of comparable severity; or deformity of both arms. It results in an individual not being able to carry out day-to-day activities such as paying coins into a fare machine.

You will need to provide medical evidence from your Doctor, Physiotherapist or Occupational Therapist.

### **Visual impairment**

Definitions: 'severely sight impaired' means seeing much less than is normal or perhaps nothing at all.

'partially sighted' people can see more than someone who is blind, but less than a fully sighted person.

You will need to provide a copy of your BD8 or Certificate of Visual Impairment, or medical information from your Consultant Ophthalmologist.

## **PAGE 13-14 of the application form**

### **Hearing or speech impairment**

Hearing impairment definition:

- 'profoundly or severely deaf' means having hearing loss in both ears of Decibels Hearing Level of 70 or greater.

You will need to provide medical evidence from a relevant health professional, either an Audiologist or Aural Specialist.

Speech impairment definition:

- 'without speech' means being unable to make clear oral requests, or unable to ask specific questions to clarify instructions.

You will need to provide medical evidence from your Speech Therapist.

## **PAGE 14 of the application form**

### **Medical condition that prevents you from driving**

A medical condition that prevents you from driving means that if you apply for a driving licence at this time, your application will be refused because of your medical condition.

If this condition is epilepsy you will need to provide medical evidence confirming the following:

- What sort of treatment you are presently receiving
- What time of day/night the fits mainly occurs
- The effect of the medication on your fits
- Nature, frequency and severity of fits
- If you are capable of driving a motor vehicle

For all conditions, you will need to provide medical evidence from your Neurologist, Psychiatrist, Cardiologist, Endocrinologist, Ophthalmologist or Optometrist.

## **PAGE 15 of the application form**

### **Specialist health professionals**

Because of the severity of the disabling conditions described by Government guidance as defining eligibility for a Disabled Person's Freedom Pass, it is expected that most applicants will have received services from a specialist health professional in the twelve months prior to their application.

The Government guidance makes clear that the Council may need to consult with specialist health professional(s) when deciding whether you are eligible for a Freedom Pass and that GPs should not normally be contacted. In line with this guidance, statements from your GP will not normally be sufficient to establish your eligibility.

Although information from health professionals is considered, the final decision about whether to issue you with a Freedom Pass is made by the Council in accordance with the law.

## **PAGES 16 and 17 of the application form**

It is important that you understand the conditions on which a Freedom Pass is issued to you. **Please read the declaration carefully before signing and dating it.** Your signature is confirmation that you have read and understood the conditions. A representative or guardian may sign the form on your behalf if you are unable to do so. Unsigned forms cannot be accepted and will be returned to you.

Please note it is an offence under the law to make a false statement in order to evade the payment of public transport fares.

## **ADDITIONAL INFORMATION**

### **Travel Expenses**

Please note that the Council cannot take responsibility for any travel or legal expenses that you incur whilst your application is being processed, regardless of the outcome of your application. Should you be found ineligible, and decide to appeal the Council's decision, you will not be reimbursed by the Council for travel or legal expenses incurred during the appeal procedure, regardless of the outcome of the appeal.



## **Response time**

We will respond within 14 working days from when we receive your application form. Please do not call during this time unless you need to make a significant change to your application.

## **Successful applications**

If your application is successful, your Freedom Pass will be sent to you by post by London Councils (they administer the scheme on behalf of the 33 London local authorities).

## **DATA PROTECTION**

To find out why the Council needs to collect and store personal data, how this is used and your rights to access your information please refer to our Privacy Policy (<https://www.westminster.gov.uk/parking-services>).

## **CONTACT**

If you have any questions about the application form please contact the Freedom Pass team

Telephone: 020 7823 4567 (option 3)  
Email: [freedompass@westminster.gov.uk](mailto:freedompass@westminster.gov.uk)

**Remember to sign and date the declaration on page 16 of the application form.**

**If you are applying under the walking impairment criteria you must *also* sign and date the declaration on page 12 of the application form.**

**Please detach and retain these notes for reference.**



## NEW APPLICATION

# Application form for a Disabled Person's Freedom Pass for people with a physical disability or learning disability

## Section A – Your details

Before you begin, please read the guidance notes on how to complete this form. Incomplete forms will be returned. Please write clearly in BLOCK CAPITALS.

Your photograph must fit within this box. See instructions on page 3 of the Guidance Notes enclosed. Alternatively, you can email a photo to [freedompass@westminster.gov.uk](mailto:freedompass@westminster.gov.uk)

**Please attach  
passport  
photo here.**

**Do not staple.**

Title (Mr, Mrs, Miss, Ms, Other)	
First names (in full)	
Surname	
National Insurance Number	
Date of birth	
Address	Postcode
Home phone number	
Work number	
Mobile number	
Email	
Do you have a pass issued by another borough?	No <input type="checkbox"/> Yes <input type="checkbox"/> issued by:

**Please return this form by email or post to:**

**Email:** [freedompass@westminster.gov.uk](mailto:freedompass@westminster.gov.uk)

**Post:** City of Westminster Freedom Pass  
PO Box 354  
Sheffield  
S98 1ET

**TEL:** 0207 823 4567 (option 3)

## NEW APPLICATION

**Ethnic Origin Data** - please tick the box that applies to you:

(a) White  <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other	(b) Black or Black British  <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other	(c) Mixed  <input type="checkbox"/> White/Black Caribbean <input type="checkbox"/> White/Black African <input type="checkbox"/> White/Asian <input type="checkbox"/> Other	(d) Asian or Asian British  <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other	(e) Chinese  <input type="checkbox"/> Chinese <input type="checkbox"/> Other
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Other: \_\_\_\_\_

I do not wish to say.

### Section B – Proof of your address

To be considered for a Freedom Pass, your main residence must be within the City of Westminster. You must provide a photocopy of one of the following proof of residency: **(PLEASE DO NOT SEND ORIGINAL DOCUMENTS)**

- Current council tax bill/letter/payment book
- Current council/housing association rent statement dated in the last 6 months
- Current television licence
- Residential utility bill (excluding mobile phone bills) dated in the last 3 months
- HM Revenue and Customs letter dated in the last 3 months
- Department for Work and Pensions letter dated in the last 3 months

### Section C – Proof of your identity

A photocopy of one of the following documents must be provided as proof of your identity: **(PLEASE DO NOT SEND ORIGINAL DOCUMENTS)**

- current passport                       photocard driving licence
- medical card                               birth certificate (unless name has changed)

### Section D – Contact with third parties

We cannot discuss your application or personal details with anyone other than yourself under any circumstance, unless you give us your permission to do so. If you think that we may need to speak with anyone else about this application, please give their details:

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

## NEW APPLICATION

### Section E – State benefits

#### 1. Disability Living Allowance (DLA)

1	I receive the higher rate mobility component	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	I receive the lower rate mobility component	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please enclose a photocopy of your entitlement letter issued within the last three months. The letter must state the award period.

#### 2. Personal Independence Payment (PIP)

1	I have been awarded at least 8 points of the Moving Around activity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	I have been awarded at least 8 points of the Communicating activity	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please enclose a photocopy of all pages of your entitlement letter issued within the last twelve months. The letter must state the award period.

#### 3. War pensioners' mobility supplement

Do you receive a war pensioners' mobility supplement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please provide a photocopy of your award letter from the Service Personnel and Veterans Agency.

**If you receive one of the above state benefits you are eligible without further assessment.**

**Please go directly to the declaration on page 16.**

**Otherwise fill in the relevant section on pages 4 to 15, then sign the declaration on page 16.**

## NEW APPLICATION

### Section F – Walking impairment



#### Additional Information to Support your Application

- **Please complete this additional information form as fully as possible. You may feel that some of the questions are not relevant to the difficulties you have walking. However, the information will give us a good understanding of how your disability affects you on a daily basis.**
- It is essential that you enclose Hospital Reports and information to confirm your medical condition/disability. This should include results of investigations. Please note that copies of appointment letters will not be considered as evidence and thus should not be enclosed.
- Failure to include supporting evidence such as medical record may result in an unsuccessful application.
- Please tick the relevant boxes and complete the sections as fully as possible. If you need to continue on another piece of paper please do so.

Please advise if this is a new application or renewal     New         Renewal

#### **Please provide details of your Health & Disability**

Please provide full details of your medical conditions/disabilities. When you first began to experience problems, what treatment you have had in the past and are currently having. This should include any surgery you have had or expect to have. It would be helpful if you could attach a copy of your repeat prescription. If you are unable to please list the medication and dose you currently take in the section below.

I attach a copy of my repeat prescription	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any difficulties with your Balance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had any falls within the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had any surgery due to your conditions/disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received any treatments due to your conditions/disability? E.g. Physiotherapy, Pain Clinic, Occupational Therapy Assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any problems with your memory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you experience difficulty coming up with the right words?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have difficulty reading or understanding road signs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have difficulty talking to strangers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know what time or day of the month it is?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you experience both permanent and severe anxiety and stress episodes outdoors which cause you to be at risk of injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Now in your own words please tell us about your Health and Disability (Please provide as much information as possible)

### Mobility

Please tick the relevant boxes in sections 1 to 6 and then in section 7 describe how you get about.

Please explain how you get around both indoors and outdoors, including any difficulties you may have when using steps or stairs. In addition any walking equipment or assistance you require, the speed and style of how you walk and if you need to stop for rest breaks.

What is the maximum distance you can walk? \_\_\_\_\_ yards \_\_\_\_\_ metres

### Section 1

#### Section A: Do you use any aids to help you walk and how often do you use them?

Type of Aid	Yes	No	Number used	Always	Some-times	Indoor s	Outdoor s
Walking Stick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 or <input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elbow Crutch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 or <input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking Frame / Rollator	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric Scooter or Electric wheelchair	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical assistance from another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 or <input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section B:

Do you use steps and stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If **Yes** please advise if you use any of the following aids when using steps or stairs

Type of Aid/Adaptation	At Home	Outdoors	Independently	With difficulty	With Assistance
<b>1 x Hand Rail</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2 x Hand Rails</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1 x handrail &amp; walking aid</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stairlift</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Through Floor Lift</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Escalator</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Public Lifts</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section C:

Do you experience any pain when walking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If **Yes** on a scale of 0 to 10 please circle the relevant number which confirms the level of pain you experience where 0 is no pain and 10 is severe intolerable pain.

#### At rest

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

#### When walking

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

#### When resting following walking

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Do you need to stop whilst walking because of your pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How long does it take for your pain to reduce once you have stopped walking?			
<input type="checkbox"/> Less than 5 minutes	<input type="checkbox"/> Between 5 & 10 minutes	<input type="checkbox"/> More than 10 minutes, please specify	

### Section D:

Do you experience breathing difficulties whilst walking?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you need to stop and rest whilst walking?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you do need to stop and rest how far can you walk before you need to stop and rest?			
If you need to stop and rest how long does it take for you to recover?			
<input type="checkbox"/> Between 5 & 10 minutes	<input type="checkbox"/> Between 11 & 20 minutes	<input type="checkbox"/> More than 20 minutes (please specify)	

**Section E:**

**Please advise what type of property you live in**

<input type="checkbox"/> House	<input type="checkbox"/> Flat	<input type="checkbox"/> Maisonette
<input type="checkbox"/> Bungalow	<input type="checkbox"/> Mobile Home	Other Please advise: _____
Which floor is your property on?		
Is there lift access? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Which floor do you sleep on? <input type="checkbox"/> Ground <input type="checkbox"/> First		
Other: Please advise _____		

**Section F:**

**Access to your home**

Are there any steps leading to your main door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?	
Are there any handrails fitted along the steps?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?	
Has your access been adapted or altered because of your disability? Please tell us how in section 3			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 2: Cognitive/Intellectual Difficulties**

Do you continually forget where you live, become lost or disorientated when outdoors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need someone with you when you are outdoors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you exhibit any severe behaviour outdoors? Describe any important factors that result in you being unable to control yourself outside of your home in section 3 below	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you undertake a regular journey near to your home alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in danger when outside your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wander off when left alone when outside of your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are lost would you be able to find your way home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you always move away from your family or carer when out and about?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you cooperate with your family or carer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you stop; tell us why and for how long. Provide more detail in the section below	Minutes



Now in your own words tell us the difficulties you have (Please provide as much information as possible)

### Travel and Transport

Tell us how you use transport this should include any problems when using transport.

If you need assistance, how much assistance do you require?

(Please note that being able to open the door of a car wide is not part of the Department for Transport Blue Badge Criteria).

What transport do you use and how often do you use it?

Type of Transport	Yes	No	Occas- ionally	Daily	Weekly	Monthly	Need Assistance to use
Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Train/Tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Car- Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Car- Passenger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Access to the Community

Can you organise and plan journeys without forgetting important details?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you plan and follow a journey to local and familiar route?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you plan and follow a journey to an unfamiliar route?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have difficulty coping with crowds? <i>If yes please provide details below of the difficulties you have</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there times when you are unable to complete a journey? <i>If yes please detail the reasons why in the section below</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you experience severe anxiety and stress at unfamiliar destinations or journeys?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Now in your own words tell us the difficulties you have (Please provide as much information as possible)

## Activities of Daily Living

In your own words, describe how you undertake your personal care tasks.

Please advise how your condition impacts on your day-to-day living.

### Section 1 Personal care. What facilities do you use to wash?

<input type="checkbox"/> Level access shower	<input type="checkbox"/> Stepped shower tray	<input type="checkbox"/> Over bath shower
<input type="checkbox"/> Bath	<input type="checkbox"/> Bath board	<input type="checkbox"/> Bath seat
<input type="checkbox"/> Powered bathlift	<input type="checkbox"/> Shower seat	<input type="checkbox"/> Grab rails
<input type="checkbox"/> Long handled equipment		
If none of the above please detail how do you maintain your personal hygiene		

### Section 2 Personal Care; what assistance do you need and how often?

Do you require assistance to wash?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes how often please detail	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes

### Section 3 Please advise how your condition impacts on your day to day living.

Do you need to be reminded to attend to your personal hygiene?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need supervision/guidance when undertaking your personal hygiene?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need help to plan and choose the clothing for various occasions and weather days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need to be supervised with management of your clothes during the day, e.g. to dress appropriately after personal care tasks, keep clothes on appropriately etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need support with oral hygiene and washing and bathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need help to eat and drink? If yes describe below what help you receive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you forget to eat and drink and need reminding/prompting to do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Now tell us how you undertake daily personal care activities (Please provide as much information as possible)

### Domestic Tasks

Describe below the help and support that you require with domestic tasks, this may be assistance from a person or using equipment please detail below.

How do you manage to undertake the following tasks?

Type of task	Yes	No	Some-times	Independ-ently	With assistance	With equipment <i>(detail in the section what equipment you use)</i>
Are you able to prepare cold drinks and snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to prepare hot drinks and snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to prepare and cook hot meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to clean your own home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to go shopping by yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to do your own gardening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now in your own words please tell us how you manage domestic/household tasks  
(Please provide as much information as possible)

If necessary, are you willing to be interviewed by our mobility assessor so we can see how your disability affects your walking? Yes  No

Do you need an interpreter? Yes  No   
If **yes**, please specify the language: \_\_\_\_\_

**If we think it is necessary for you to have a mobility assessment and you refuse to come for an interview, this may affect the outcome of your application.**

**Declaration**

I confirm that the details I have provided are complete and correct.

I understand that if I am issued with a pass based on the information provided on this form, which are subsequently found to be false, my pass will be cancelled and I may have to pay any cost arising from the issue or use of the pass.

Name: \_\_\_\_\_

Your signature: \_\_\_\_\_

**Please enclose the following, then remember to sign the declaration on page 16:**

- Prescription or list of medications and dosage
- Supporting documentation specifically evidencing diagnoses, i.e. Hospital/Consultant reports.

## NEW APPLICATION

### Section G – Learning Disability

Do 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, which started before adulthood? Yes  No

Please provide a photocopy of your psychologist's report or other medical evidence confirming the nature of your learning disability.

A learning difficulty is not the same as a learning disability.

### Section H – Without the use of both arms

Please tick the boxes below that describe your disability

I am without the use of both arms.	<input type="checkbox"/>
This is due to a <u>congenital</u> absence of both arms.	<input type="checkbox"/>
This is due to a <u>loss</u> of use of both arms.	<input type="checkbox"/>

Please enclose a letter from your health professional verifying your medical condition.

### Section I – Visual impairment

Please tick the boxes below that describe your disability

Severely sight impaired (blind)       Sight impaired (partially sighted)

Please enclose a copy of your Ophthalmologist's report, BD8 or CVI report issued within the United Kingdom.

### Section J – Hearing or speech impairment

Please tick the boxes below that describe your disability

Profoundly or severely deaf (no useful hearing, even with an aid)	<input type="checkbox"/>
Hard of hearing (some useful hearing, with or without an aid)	<input type="checkbox"/>
Normal speech	<input type="checkbox"/>
Limited intelligible speech	<input type="checkbox"/>
Speech not intelligible (in any language)	<input type="checkbox"/>
No speech (in any language)	<input type="checkbox"/>

## NEW APPLICATION

**Please enclose a letter or report from your audiologist or your aural specialist.**

If you have difficulty in communicating because of your disability, please explain how this affects your ability to travel on public transport:

### Section K – Medical condition that prevents you from driving

If you have a **mental health disability**, please **do not use this form**. You need to complete an application form for people with a mental health disability. Forms can be downloaded at: <https://www.westminster.gov.uk/freedom-pass> Alternatively, contact the Freedom Pass team on 020 7823 4567 (option 3) or email [freedompass@westminster.gov.uk](mailto:freedompass@westminster.gov.uk) to request an application form.

1.	What is your medical condition?	
	a) uncontrolled epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) liability to sudden attacks of giddiness or fainting (for example, as a result of a cardiac disorder)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c) inability to read a registration plate in good light at 20.5 metres, even with lenses	Yes <input type="checkbox"/> No <input type="checkbox"/>
	d) other disability likely to cause the driving of vehicles a source of danger to the public.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p><b>Please enclose a letter from your health professional confirming your medical condition and why it prevents you from driving a motor vehicle.</b></p>		
2.	Do you hold a valid driving licence? (even if you are not currently driving)	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Do you currently drive a motor vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Have you been refused a driving licence on grounds of being medically unfit <u>other than</u> for persistent misuse of drugs or alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please enclose a copy of the DVLA refusal letter.	

## NEW APPLICATION

### Section L – Specialist health professionals

Please provide details of the specialist health professional who has treated you in relation to your disability/walking impairment, as we may need to contact them for further information.

<b>Name of your specialist health professional:</b>	
Their title:	
Their address:	
Their postcode:	Their telephone No:

In rare instances, the Council may wish to contact GPs to verify information that other health professionals have provided is current. Please provide details of your GP.

<b>Name of your GP:</b>	
Their address:	
Their postcode:	Their telephone No:

**Although information from health professionals is considered, the final decision about whether to issue you with a Freedom Pass is made by the Council.**



## NEW APPLICATION

### Section M – My declaration

1. I confirm that, to the best of my knowledge, all information I have provided in this application is true and accurate. I realise that action may be taken against me if I have provided false information in this application. I have enclosed all necessary documentary evidence with this form.
2. I consent to the Council contacting my health professional(s) if further medical information is required.
3. I do not currently hold a Disabled Person's Freedom Pass issued by another London borough, nor a concessionary bus pass issued by another local authority in England.
4. I understand and accept that a Freedom Pass that the Council has issued to me may be withdrawn if I have given any information that I know is wrong or untrue in this application.
5. I understand that a Disabled Person's Freedom Pass remains the property of Transport for London, and that Transport for London may refuse to allow replacement of a Freedom Pass that has been misused by its holder.
6. I agree that, if you issue me a Freedom Pass, I will not allow anyone else to use it in order to evade travel fares; if I do so, I understand that the Freedom Pass may be withdrawn, and the Council may be unable to issue another one to me.
7. I agree that if I become aware that another person is using my Freedom Pass, I will report this to the Council immediately.
8. I understand you will deal with the personal information I provide in line with the Data Protection Act 1998. You will use the information to assess whether I qualify for a disabled person's freedom pass and to manage, monitor and evaluate your services. You will not use my information for any other purpose and you will keep my information in electronic format.
9. I understand that you have to protect the public funds you handle, so you may use the information I have provided on this form to prevent and detect fraud. You may share this information with other sections within the Council, and with agencies such as the police and Transport for London.
10. I understand and agree that the Council reserves the right to monitor my continuing eligibility for a Freedom Pass.

**By signing and dating this section, I confirm that I have read, understood and agreed each of the above statements.**

Your signature, or your representative's or guardian's signature

Date

## NEW APPLICATION

**If your representative or guardian is completing this form they should give their personal details below:**

Representative's or guardian's name: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

### Using your personal information

London Councils and the London borough in which you live will be responsible for your information which they, and their agents, will use to administer the Freedom Pass scheme, for customer services and research. Your information will not be used for marketing purposes and will only be shared with other organisations (e.g. other local authorities, Transport for London, government departments and law enforcement agencies) to provide the services where it is legal to do so (e.g. to detect and prevent crime and protect public funds). Your data may be matched with data from other sources, including CCTV and ticket usage data.

From time to time we may wish to contact you about initiatives which we believe may be of direct benefit to you.

Please tick the box if you DO WISH to be contacted

To find out why the Council needs to collect and store personal data, how this is used and your rights to access your information please refer to our Privacy Policy (<https://www.westminster.gov.uk/parking-services>).