



Freedom Pass Application Form Adults with Disabilities (v1.8.5)

Part A: personal details - compulsory section for all applicants

Last name Mr/Ms/Mx/other

First name(s)

Address and
postcode

Phone number Mobile number

Email address

(Please print clearly)

Date of birth NHS Number (if known)

Doctor's
name
and address

Do you have a Blue Badge? Yes / No

Do you have a Taxi Card? Yes / No



Part A (continued): personal details

The information on this page is used to help us deliver services effectively and fairly

What is your ethnic group?

WHITE

- British
- Irish
- Greek or Greek Cypriot
- Turkish or Turkish Cypriot
- Kurdish
- Any other white background
- Traveller of Irish heritage
- Gypsy/Roma

BLACK OR BLACK BRITISH

- Caribbean
- African
- Somalian
- Eritrean
- Nigerian
- Ghanaian
- Any other African background
- Any other black background

MIXED RACE

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

CHINESE OR OTHER ETHNIC GROUP

- Chinese
- Filipino
- Vietnamese
- Any other ethnic group

ASIAN OR ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Using your personal information

London Councils and the London Borough of Islington 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.

Part B: main eligibility criteria - tick those that apply

<p>1 Do you have global learning disabilities? (global learning disabilities are defined at the top of page 8) If you do, please provide written proof Now go to Part D</p>	<input type="checkbox"/>
<p>2 Are you blind or partially sighted? If you are, please provide a copy of the original BD8 or CVI form confirming that you are blind or partially sighted. Now go to Part D</p>	<input type="checkbox"/>
<p>3 Are you profoundly or severely deaf? If you are, please provide a copy of the original audiological report from an aural specialist stating that your hearing loss is greater than 70dB in both ears. Now go to Part D</p>	<input type="checkbox"/>
<p>4 Are you without speech? If you are unable to communicate orally in any language, please provide medical evidence or, if you are in receipt of Personal Independence Payment with 8 points or more under 'Communicating Verbally', please provide a copy of your original award letter dated within the last 12 months showing the points breakdown. Now go to Part D</p>	<input type="checkbox"/>
<p>5a Have you been awarded a Personal Independence Payment of 8 points or more in the category 'Moving Around' for a period of at least 12 months If you have, please provide a Department of Work and Pensions award letter dated within the last 12 months showing the points breakdown. Now go to Part D</p>	<input type="checkbox"/>
<p>5b Have you been awarded the mobility component of the Disability Living Allowance at the higher rate for a period of at least 12 months? If you are, please provide a Department of Work and Pensions award letter dated within the last 12 months. Now go to Part D</p>	<input type="checkbox"/>

Part B: main eligibility criteria - tick those that apply

5c Have you been awarded the **War Pensioners' Mobility Supplement** for at least 12 months?

If you have, please provide a copy of the Department of Work and Pensions award **letter**.

Now go to Part D

5d Do you have a disability, or have you suffered an injury, which has a **substantial and long-term effect on your ability to walk** (but have not been awarded any of the payments in 5a, 5b or 5c)?

If so, please complete Part C

6 Do you either have **no arms** or the **long-term loss of the use of both arms**?

If so please provide **written medical evidence**

Now go to Part D

7 Conditions that would prevent you from obtaining a driving licence

7a Have you been **refused a driving licence** in the last 12 months (but not on the grounds of misuse of drugs or alcohol)?

If you have please provide a copy of the **original letter from the DVLA**

Now go to Part D

7b Do you suffer from any of the following:

-epilepsy

-severe **mental disorder**

-sudden attacks of **fainting**

-**inability to read a registration plate at 20.5 metres** even with lenses

-other disabilities which are likely to cause the driving of vehicles to be a **source of danger to the public**. Please specify below:

If you suffer from any of the conditions in 7b, above, please provide a statement from a medical professional that your condition would **impair driving** and you would **not be allowed to hold a driving licence**.

Now go to Part D

Part C: eligibility assessment

For applicants who answered 'yes' to question 5d in Part B

You will be asked to attend a **mobility assessment** at our independent mobility assessment centre

- 1 Will you need an interpreter to be present at the assessment? yes no

If yes, what language do you speak?

- 2 Please describe your medical condition or disability, giving as much detail as possible. You may continue on a separate sheet of paper if you wish

- 3 How long have you suffered from your medical condition or disability?

 months *or* years

- 4 How long do you expect your medical condition or disability to continue?

 months *or* years

- 5 Do you regularly use a walking aid or wheelchair? yes no

- 6 How far can you walk on flat ground before you feel breathless, pain or severe discomfort and need to rest?

 yards/ metres

Continued...

Part C (continued): eligibility assessment

7 Roughly how many minutes does it take you to walk this far?

minutes

8 Please tell us how your day-to-day activities are affected by your disability

9 I agree to my GP or other health professional being contacted about my application yes no

10 I have a named worker in social services and I agree to her/him being contacted about my application yes no

If yes, please give the person's name and contact details below

Part D: documents we need to see - compulsory section for all applicants

As part of the application process, we will need to see the following documents:

One colour passport-size photograph of good likeness to you, and

Two documents from this list as proof of your residence	One document from this list as proof of your identity
<ul style="list-style-type: none">• Current council tax bill or letter• Current rent book or tenancy agreement (Housing Association or Local Authority)• Department for Work and Pensions letter dated within the last three months.• Gas, electricity, telephone (but not mobile phone), television licence, mortgage letter or water bill dated within the last three months	<ul style="list-style-type: none">• Passport• Driving licence bearing your photograph• Blue Badge bearing your photograph• Council tenancy agreement bearing your photograph• Photograph bearing your name verified by the signature of a professional on the reverse (name, address and telephone number of the professional)

Part E: declaration - compulsory section for all applicants

I declare that to the best of my knowledge all statements I have made on this form are true and I agree to the London Borough of Islington contacting my General Practitioner or other Health Professional if necessary for the purpose of obtaining information in support of my application.

I am a permanent resident in the London Borough of Islington. I understand that the provision of any false information as part of this application may render me liable to prosecution. I understand that information about me may be kept on a computer in accordance with the Data Protection Act 2018 and may be shared for any legitimate council purpose. Please also see 'Using your personal information' on page 2.

I also understand that this Disabled Person's Freedom Pass is offered by the London Borough of Islington. It is my responsibility as the named holder to protect it. Misuse by me or by any family member or friend may result in prosecution or a temporary or permanent withdrawal of the pass.

Signature of applicant: _____ **Date** _____

or, where appropriate

Signature of parent/ carer: _____ **Date** _____

Definition of global learning disabilities:

A state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning and which started before adulthood

If you are an adult (18 and over) applying for mental health reasons, please take this form in person to either:

North Islington Rehabilitation & Recovery Service

JML Building
Regis Road
Kentish Town
London NW5 3EG

or

South Islington Rehabilitation & Recovery Service

Southwood Smith Centre
11 Southwood Smith Street
London N1 0YL

You should bring with you the documents described in Part D of this form together with any other documents you intend using to support this application.

For all other adults (18 and over), please telephone 020 7527 8444 or contact us on freedom.pass@islington.gov.uk