

# Disabled Person's Freedom Pass

## APPLICATION FORM

Please fill in all the details we ask for, and tick (✓) the relevant boxes  
Please write clearly in BLOCK CAPITALS

### Section A — Personal Details

If you are completing the form on behalf of an applicant who is under 16, or who is unable to complete the form themselves, please provide their details in appropriate sections and sign the form on their behalf.

<b>*Surname:</b>	<b>*Title (Mr, Mrs, Miss, Ms, Dr):</b>
<b>*Forenames (in full) :</b>	
<b>*Surname at birth:</b>	
<b>*Address:</b> ..... .....	
<b>*Post Code:</b> .....	
<b>*MAIN PHONE NUMBER:</b>	
<b>EMAIL ADDRESS:</b>	
<b>*Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>*Date of Birth:</b>
Town:	
<b>*Place of Birth:</b>	Country:
<b>*National Insurance Number / Child Registration Number:</b>	<input style="width: 100%;" type="text"/>

Do you already hold a Freedom Pass?      Yes:                       No:

If **Yes**, which Council issued the Pass: .....

**For office use only**

Date application received:			<u>Proof of address and Identity:</u>
APPROVED / NOT APPROVED		To be reassessed: Y <input type="checkbox"/> N <input type="checkbox"/>	
Medical Evidence submitted			
Issue: NEW / RENEWAL			
Date FP ordered		Date of issue to applicant:	
Signature of Applicant on receipt of Freedom Pass:			

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## Section B — Eligibility Criteria

All applicants must complete this section. Please tick (✓) the box(es) for which criterion you are applying for a Freedom Pass.

1. **Are you blind or partially sighted?** Yes    No

Is so, are you known to the Sensory Support Team at Inspire Community Trust and do you receive a service from them?

If not registered with the above team, please provide a photocopy of a Certificate of Visual Impairment (CVI) confirming you are blind or partially sighted.

2. **Are you profoundly or severely deaf?** Yes    No

If so, are you known to the Sensory Support Team at Inspire Community Trust and do you receive a service from them?

If you are not registered with the above team, please provide an audiologists report.

3. **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 that commenced before adulthood?** YES / NO

a) Are you known to the Bexley Adult complex care team? Yes    No

Or  
b) Are you known to the Children with disabilities team in Bexley? Yes    No

c) Did/do you attend a special school for children with moderate to profound learning disabilities? If so please you must provide a full **Educational Psychologists** report. This must state your cognitive functioning level and be from your secondary school. Yes    No

Name of School \_\_\_\_\_

**Please note Autism and ADHD are not in themselves a learning disability**

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4. **Are you unable to communicate orally (speech)?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If you are unable to speak, you will need to provide medical evidence to support your application. Please provide a hospital consultants letter indicating the diagnosis and how it has affected you.

5. **Do you have the loss of both arms or the long-term loss of the use of both arms?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

You will need to attend an assessment and also provide medical evidence in support of the application. This needs to be in the form of a hospital letter from your consultant.

Please describe your actual disability in relation to the loss of your upper limbs.

6. **Do you have a permanent and substantial physical disability which means you cannot walk or can only walk with considerable difficulty?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions if you feel you have a disability that means you are unable or virtually unable to walk a short distance without experiencing pain or severe discomfort.

**What is the nature of your disability or illness?**

.....  
.....

(i) Does your condition affect your ability to walk?

<input type="checkbox"/>	<input type="checkbox"/>
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(ii) Have you been suffering from this condition for longer than 12 months?

<input type="checkbox"/>	<input type="checkbox"/>
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(iii) Do you take regular medication for your medical condition?

**Yes**    **No**

If Yes, please give details here and bring your prescription list to your assessment

  

.....

.....

(iv) Please describe to us how your day-to-day activities are affected by your disability:

**Yes**    **No**

(v) Do you regularly walk with a walking aid?

  

If Yes, please tell us what type of walking aid you use.

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(vi) Please tell us about any recent referrals to Hospital consultants you may have had and any recent treatments

.....

.....

(vii) Have you ever been visited by an Occupational Therapist (OT) and  
Have been assessed for adaptations within your home?

**Yes**    **No**  
   

If Yes, Please give details here.

.....

.....

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**(viii) Do you receive Disability Living Allowance Higher Rate mobility component or the new Personal Independence Payment, (PIP) moving around descriptor?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

We *may take* into account the fact that you receive the HRDLA mobility or PIP mobility, 8 pts or more on the 'moving around' or above.

You will need to provide the entire copy of your statement of award with your application for a Freedom Pass and it must have a minimum of **12 months** of the award left to run.

If you do not have a statement of award then please phone 0345 712 3456 for DLA and 0345 8503322 for PIP and ask for a copy to be sent to you. Please note that we do not accept payment books as proof.

**If YES, is your award indefinite?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**If NO, when does it end** \_\_\_\_\_

**Do you receive War Pensioner's Mobility Supplement?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

You will need to provide a copy of you statement of award with your application for a Freedom Pass.

If you do not have a statement of or award then please phone 0800 169 2277 and ask for a copy to be sent to you. Please note that we do not accept payment books as proof.

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**7. FITNESS TO DRIVE - Have you, or would you be, refused a driving licence (not including refusal due to persistent use of drug or alcohol) on medical grounds?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**Do you have one of the following conditions?**

**a. Epilepsy**

<input type="checkbox"/>	<input type="checkbox"/>
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If you have ticked Yes to part a, you must supply a copy of the DVLA letter when you surrendered your licence or ask your GP to complete the 'Fitness to Drive' form included with this form.

**b. Sudden attacks of fainting.**

<input type="checkbox"/>	<input type="checkbox"/>
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If you have ticked Yes to part b, you must to supply a copy of the DVLA letter when you surrendered your licence or ask your GP to complete the 'Fitness to Drive' form included with this form.

**c. Inability to read a registration plate at 20.5 metres with lenses or glasses.**

<input type="checkbox"/>	<input type="checkbox"/>
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If you have ticked Yes to part c, you must ask your ophthalmologist to provide a report.

**d. Any other disability which is likely to cause the driving of vehicles to be a source of danger to the public. (Which does not manifest itself as a physical disability)**

<input type="checkbox"/>	<input type="checkbox"/>
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If you have ticked Yes to part d, you will need to supply a copy of the DVLA letter when you surrendered your licence or ask your GP to complete the 'Fitness to Drive' form included with this form. (This must be a condition covered by the 'Medical standards of Fitness to Drive')

**e. Do you have a severe and enduring mental illness and as such have been refused a driving licence?**

<input type="checkbox"/>	<input type="checkbox"/>
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If you have ticked Yes to part e you will need to contact your Consultant Psychologist at the team where you receive services, to complete the 'Fitness to Drive' form enclosed with this form, in support of your application.

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## **CHECK LIST**

Please ensure that you provide the following with your application. Please tick (✓) the evidence you are sending.

- One passport compliant colour photo. Taken within the last 12 months**

### **Proof of your Identity (only one of these is required)**

- Birth Certificate
- Marriage Certificate
- Passport
- Valid Driving Licence

**Proof of your address not more than 3 months old. Listed below are the only proofs that will be accepted.**

You must send one of any of the following documents with you application to prove you live within the London Borough of Bexley. The documents must be addressed to you personally and issued within the last 3 months. Please tick (✓) the evidence you are sending.

- |  |   |
|--|---|
| <input type="checkbox"/> Benefits Letter.                                  | <input type="checkbox"/> Utility bill i.e. Gas, Electric, Water, (not a mobile phone bill). |
| <input type="checkbox"/> Rent Book (Council, Housing Association).         | <input type="checkbox"/> Council Tax bill (Can be dated within the last 12 months)          |
| <input type="checkbox"/> Tenancy Agreement (Council, Housing Association). | <input type="checkbox"/> Personal credit card statement.                                    |
|  | <input type="checkbox"/> Current TV licence.  |

**PLEASE DO NOT SEND ORIGINAL DOCUMENTS IN THE POST**

**ONCE COMPLETED YOU MAY TAKE THE FORMS TO MOST LIBRARIES WITHIN BEXLEY FOR SAFE TRANSIT TO OUR OFFICE OR YOU MAY BRING IT DIRECTLY TO INSPIRE**

[Type text]

## DECLARATION:

I declare that the information supplied is correct and that any false information given, could render my application invalid.

I agree to share the information I have provided to make necessary checks in support of my application.

I confirm that I am a permanent resident of London Borough of Bexley and accept the condition of use of the pass.

I understand that under the National Fraud Initiative, all documents relating to this application in line with the Data Protection Act 1998, that Inspire may share them with other local authorities, the Police and Transport for London to detect and prevent fraud.

Signed \_\_\_\_\_ Applicant / Parent of Child

Date \_\_\_\_\_

**The form should now be sent or taken to:**  
**Inspire Community Trust, 20 Whitehall Lane, Slade Green, Kent, DA8 2DH**

## Ethnic origin

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Please tick the relevant box

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

### White

British

Irish

Any Other \_\_\_\_\_

### Black or Black British

Caribbean

African

Any Other \_\_\_\_\_

### Asian or Asian British

Indian

Pakistani

Bangladeshi

Any Other \_\_\_\_\_

### Dual Heritage

White and Caribbean

White and Black African

White and Asian

Any other mixed background \_\_\_\_\_

### Any Other Ethnic Group

Chinese

Any other ethnic background, please write in below.

\_\_\_\_\_

I do not wish to say

**ONCE ALL DOCUMENTS AND EVIDENCE IS RECEIVED, PLEASE ALLOW 28 DAYS FOR THE APPLICATION TO BE PROCESSED,.**