

# DISABLED PERSON'S FREEDOM PASS PHYSICAL DISABILITY

## Your guide to applying for a pass

**This guide contains extra information to help explain what you need to know to fill in the application form correctly.**

The Council is authorised and required to determine the eligibility of applicants under the above laws and related Government guidance. Your application will therefore be considered in accordance with the eligibility criteria prescribed in law and in guidance.

Applicants must reside in the Royal Borough of Kensington and Chelsea.

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

**You need to use another form if you are applying on grounds of**

- learning disability; or
- mental health disability

Contact the Accessible Transport team on 020 7361 2390 or email [Accessible.Transport@rbkc.gov.uk](mailto:Accessible.Transport@rbkc.gov.uk) for an application form.

**If you are over 60:** to have an Older Person's Freedom Pass you must meet the age criteria. You can find more information on [www.freedompass.org](http://www.freedompass.org) or visit a main Post Office branch.

If you are 60 but 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 on Transport for London's website [www.tfl.gov.uk](http://www.tfl.gov.uk)

Thank you for your interest in the Disabled Person's Freedom Pass scheme.

January 2014



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

## ELIGIBILITY

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

Criteria		Page on application form
1	Disability Living Allowance – higher rate mobility component	3
2	Personal Independence Payment – 8 points or more of the moving around activity of the mobility component	3
3	Personal Independence Payment – 8 points or more of the communicating verbally activity of the daily living component	
4	War pensions mobility supplement	3
5	Walking impairment	4 – 5
6	Does not have arms or has long-term loss of the use of both arms	6
7	Blind or partially sighted	6
8	Profoundly or severely deaf	6
9	Without speech	6
10	Medical condition (other than mental health disability) which prevents you from driving *)	7

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. In line with Government guidance, you may also be asked to attend an assessment interview with a mobility assessor who is an experienced Occupational Therapist.

If you supply any medical reports these will be considered, but 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.

\*) if you have a mental health disability you need to use another application form, see the front page of these guidance notes for further information.

## **Photograph requirements**

A photograph is necessary in order to ensure correct use of the badges. It is not a requirement that the photograph is taken in a photo-booth, but it must roughly comply with the requirements for passport photographs, see the following list:

- 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 [Accessible.Transport@rbkc.gov.uk](mailto:Accessible.Transport@rbkc.gov.uk)

## **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**

If you do not want to give permission to check council tax records to verify your address you need to provide one proof from the list below (photocopies are acceptable):

- benefit or pension entitlement letter dated within the last 6 months
- current Council tax bill
- utility bill dated in the last 3 months
- home contents insurance policy dated within the last 6 months
- credit card, bank or building society statement dated in the last 3 months
- council or housing association rent statement dated in the last 3 months

The following will **not** be accepted: letters / general correspondence; bills; hand written tenancy agreements or “Challenge” rent books (bought from any stationers); rail cards or envelopes.

## **PAGE 3**

The Department for Transport recommends eligibility for a concessionary travel pass may be considered "automatic" (not requiring further assessment) where a person is in receipt of any of the these state benefits, which link eligibility to receive the benefit to the ability to walk or, in the case of PIP, 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.

### **Question 1**

You need to provide a copy of your award notice letter or vehicle with excise duty exemption. If you need another copy, please contact the Pensions, Disability and Carers Service (PDCS):

- Telephone: 08457 123 456 (7.30am to 6.30pm Monday to Friday)
- Textphone: 08457 22 44 33
- Email: DCPU.Customer-Services@dpw.gsi.gov.uk

Further details can be found online at: <http://www.direct.gov>

### **Question 2**

The Government has recently announced important reforms to the welfare system. Personal Independence Payment was introduced for people who are aged 16 to 64 on or after 8 April 2013 as a replacement for the Disability Living Allowance.

You will automatically qualify if you have been awarded 8 points or more of the moving around activity of the mobility component or the communicating verbally activity of the daily living component:

<b>Moving around activity of the mobility component</b>	
8 points	can stand and then move unaided more than 20 metres but no more than 50 metres
10 points	can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres
12 points	can stand and then move more than one metre but no more than 20 metres either aided or unaided
12 points	cannot, either aided or unaided – stand; or move more than one metre

<b>Communicating verbally activity of the daily living component</b>	
8 points	needs communication support to be able to express or understand basic verbal information
12 points	cannot express or understand verbal information even with communication support

You need to provide a copy of your award notice letter. If you need another copy, please contact the Pensions, Disability and Carers Service (PDCS):

- Telephone: 08457 123 456 (7.30am to 6.30pm Monday to Friday)
- Textphone: 08457 22 44 33
- Email: DCPU.Customer-Services@dwp.gsi.gov.uk

Further details can be found online at: <http://www.direct.gov>

### **Question 3**

If you receive a War Pensioners Mobility Supplement you 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 and 5**

### **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

The application form asks you to estimate how far you can usually walk without discomfort. 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 still find it difficult to work out the distance you can walk in metres, please tell us on the application form:

- the number of steps you can take, and how long it takes you (in minutes) to walk from your home to a location nearby (e.g., a shop or a church);
- about your walking speed;
- about the way you walk, for example, shuffling or small steps.

You may be asked to attend an interview by our mobility assessor, who is an experienced registered Occupational Therapist.

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 6**

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

Definition: this means 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. This results in an individual not being able to carry out day-to-day activities such as paying coins into a fare machine.

Relevant specialist health professionals: Physiotherapist, Occupational Therapist, Social Worker.

### **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.

Relevant specialist health professional: Consultant Ophthalmologist

### **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.

Relevant specialist health professional: 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.

Relevant specialist health professional: Speech Therapist.

## **PAGE 7**

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

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

Relevant specialist medical professionals: Neurologist, Psychiatrist, Cardiologist, Endocrinologist, Ophthalmologist, Optometrist.

Please note, it is an offence to apply for a driving licence with the intention of being refused.

## **PAGE 8**

### **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) in 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. Therefore, please give complete information about these professionals on the application form, and tick the box indicating that we have your permission to contact them.

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 9 and 10**

It is important that you understand the conditions on which a Freedom Pass may be issued to you. Please read all items in this declaration carefully before signing and dating it, as your signature indicates that you have done so.

A representative or guardian may sign the form on your behalf if you are unable to do so. Unsigned forms will be returned.

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 12 weeks from when we receive your application form. Please do not ring the Town Hall during this time unless you want to make a major change to your application.

### **Successful applications**

If you are found eligible for a Freedom Pass we will send your details to a bureau to make the pass and send it to you through the post.

## **CONTACT**

If you have any questions about the application form please contact the Accessible Transport Services team

Telephone: 020 7361 2390  
Fax: 020 7361 3874  
Email: [Accessible.Transport@rbkc.gov.uk](mailto:Accessible.Transport@rbkc.gov.uk)

**Please detach and keep these notes.**



# Application form for a Disabled Person's Freedom Pass for people with a physical 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.

**Please attach passport photo here.**

Your photograph must fit within this box. See instructions in the Guidance Notes enclosed.

**Please do not use a stapler.**

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 to:

The Royal Borough of Kensington and Chelsea  
 Accessible Transport Services  
 Kensington Town Hall  
 Hornton Street, London W8 7NX  
 020 7361 2390



THE ROYAL BOROUGH OF  
**KENSINGTON  
 AND CHELSEA**

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

<b>(a) White</b> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other	<b>(b) Black or Black British</b> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other	<b>(c) Mixed</b> <input type="checkbox"/> White/Black Caribbean <input type="checkbox"/> White/Black African <input type="checkbox"/> White/Asian <input type="checkbox"/> Other	<b>(d) Asian or Asian British</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other	<b>(e) Chinese</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Other
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Any 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 Royal Borough and you must provide current proof of your residency.

If you would like us to check Council Tax records to prove your main home is in the borough, please tick this box.  If you choose not to tick this box, you must provide one document from the list of evidence in the guidance notes to this form as proof that you reside within the Royal Borough.

**Section C – Proof of your identity**

A photocopy of one of the following documents must be provided as proof of your identity.

- |   |  |
|---|--|
| <input type="checkbox"/> current passport | <input type="checkbox"/> driving licence (photocard)                 |
| <input type="checkbox"/> medical card     | <input type="checkbox"/> birth certificate (unless name has changed) |

**Section D – Contact with third parties**

We cannot discuss your application or personal details with anyone for any other reason, 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: \_\_\_\_\_

## Section E – State benefits

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

### 1. Disability Living Allowance (DLA)

Do you receive the higher rate mobility component?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please enclose an original entitlement letter issued within the last twelve months (if you do not have a letter, please phone the Department for Work and Pensions helpline on 0845 7123 456). The letter must state the award period.		

### 2. Personal Independence Payment (PIP)

<b>Please indicate your award level of the moving around activity:</b>		
1	8 points - can stand and then move unaided more than 20 metres but no more than 50 metres	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	10 points - can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	12 points - can stand and then move more than one metre but no more than 20 metres either aided or unaided	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	12 points - cannot, either aided or unaided – stand; or move more than one metre	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Please indicate your award level of the communicating verbally activity:</b>		
5	8 points - needs communication support to be able to express or understand basic verbal information	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	10 points - cannot express or understand verbal information even with communication support	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please enclose an original entitlement letter issued within the last twelve months (if you do not have a letter, please phone the Department for Work and Pensions helpline on 0845 7123 456). The letter must state the award period.		

### 3. War pension's mobility supplement

Do you receive a war pension's mobility supplement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide a copy of your award letter from the Service Personnel and Veterans Agency. They can be contacted on telephone 0800 169 22 77.		

**If you have answered yes to any of the above questions, go directly to the declaration on page 9.**

**Otherwise fill in the relevant section on pages 4 to 7.**

**Section F – Walking impairment**

**1** Please list a brief summary of your medical condition(s)/disability:

- .....
- .....
- .....
- .....
- .....

**2** Please list any surgery you may have had or are waiting for: Date of surgery

- ..... .....
- ..... .....
- ..... .....

**3** Please list the dates of any medical investigations in the last 12 months:

- Hospital:.....  
Reason for investigation:.....  
.....  
Date last seen: ..... Date of next appointment: .....
- Hospital:.....  
Reason for investigation:.....  
.....  
Date last seen: ..... Date of next appointment: .....
- Hospital:.....  
Reason for investigation:.....  
.....  
Date last seen: ..... Date of next appointment: .....

**4** Please give details of any treatment that you have received in the past twelve months relating to your disability (for example, physiotherapy or attendance at a pain management clinic):

Are you still receiving treatment? No  Yes   
If yes, when do you expect the treatment to finish? Date:.....

<b>5</b>	What is the total distance you can <u>usually</u> walk (including rest stops)?	_____ metres
<b>6</b>	Does the distance you are able to walk vary?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>7</b>	How far can you usually walk <u>before</u> you are in <u>serious discomfort</u> or need to stop and rest?	Number of steps _____ or number of metres _____
<b>8</b>	If you need someone to help you when travelling please explain why:	
<b>9</b>	Do you use any of the following ?	
	Wheelchair	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Walking stick	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Walking frame	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Crutches	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you use any other aid? Please specify below:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give details of the health professional who prescribed the wheelchair or walking aid(s) that you use.		
<b>10</b>	Please tick the boxes to indicate any difficulties experienced when walking.	
	Walking causes me severe pain	Yes <input type="checkbox"/> No <input type="checkbox"/>
	I get tired after walking a short distance	Yes <input type="checkbox"/> No <input type="checkbox"/>
	I get out of breath after walking a short distance	Yes <input type="checkbox"/> No <input type="checkbox"/>
	I have problems with balance	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>11</b>	If you have other difficulties, please specify: ..... ..... .....	
<b>12</b>	Please provide a copy of your current medical prescription list.	

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.**

## Section G – 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"/>	<input type="checkbox"/>
This is due to a <u>congenital</u> absence of both arms.	<input type="checkbox"/>	<input type="checkbox"/>
This is due to a <u>loss</u> of use of both arms.	<input type="checkbox"/>	<input type="checkbox"/>

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

## Section H – 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 I – 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"/>

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 J – 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, contact Accessible Transport Services on 020 7361 2390 or download a form from the Council’s website [www.rbkc.gov.uk](http://www.rbkc.gov.uk) - click on “Apply for it”.)

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)  If yes, please give your Driving Licence Number:	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?  If yes, please enclose a copy of the DVLA refusal letter.	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Section K – 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.

Do you agree that we can contact this health professional if we need more information? Yes  No

If yes please give your consent here: Your signature .....

<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.

Do you agree that we can contact your GP if we need more information? Yes  No

If yes please give your consent here: Your signature .....

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

If you do not give us permission to contact your specialist health professional or GP this may affect the outcome of your application.

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



## Section L – 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 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.
3. 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.
4. 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.
5. 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.
6. I agree that if I become aware that another person is using my Freedom Pass, I will report this to the Council immediately.
7. 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.
8. 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.
9. 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 guardians signature

Date

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**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: \_\_\_\_\_