

# Application Form for Disabled Person's Freedom Pass

## What is a Freedom Pass?

The Freedom Pass for people with disabilities gives concessionary travel on most public transport in London. When you receive your Freedom Pass you will get full details on how to use it.

## Who is Eligible?

People with a disability, such as a physical impairment or learning difficulty, which has a substantial and long-term adverse effect on their ability to carry out day-to-day activities.

## How to complete the form:

To enable us to carry out an assessment of your eligibility for a Freedom Pass, it is important that you answer all relevant questions as fully as possible and include copies of any supporting documentation, as incomplete forms will be returned to you for completion and therefore delay your application.

GP's may charge for completion of the form.

*NB. We are unable to reimburse any fee charged.*

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**Please return this application form with the necessary documents  
and photographs to:**

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**London Borough of Bromley,  
Freedom Pass Office,  
Adult and Community Services Department  
Civic Centre, 3rd Floor, Stockwell Close  
Bromley, BRI 3UH  
Tel: 020 8461 7334  
Internet: [www.bromley.gov.uk](http://www.bromley.gov.uk)  
[Freedompasses2@bromley.gov.uk](mailto:Freedompasses2@bromley.gov.uk)**

## PART A: PERSONAL DETAILS

All applicants must complete this section. (Please use Capital letters)

Title (Mr/Mrs/Miss/Ms):

Surname:

First Name(s):

Address:.....  
.....  
..... Postcode:.....

Date of Birth:.....Present age in years:.....

National Insurance Number (Optional): .....

Telephone Number:

Doctor's Name:.....

Address:.....  
..... Postcode:.....

Telephone Number:.....

Is this application: a first application  renewal  other

Other (explanation).....

## ETHNIC GROUP CLASSIFICATION (Optional)

Though this section is optional, we would appreciate if you took the time to fill it in. The purpose of this form is to generate statistics that enable us to deliver services effectively and equitably.

### White

- British
- Irish
- Other

### Chinese or other ethnic group

- Chinese
- Other

### Black or Black British

- Caribbean
- African

### Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Other

### Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other

## PART B: MAIN ELIGIBILITY CRITERIA

All applicants must complete this section. (Please ✓ as applicable)

### 1. Blind or Partially Sighted

Are you Blind or Partially Sighted? Yes  No

If **Yes** but are **not** registered with the London Borough of Bromley please provide evidence and go to **Part D**.

### 2. Profoundly or Severely Deaf

Has an Aural Specialist assessed you as Profoundly (70-95 dBHL) or severely (95+dBHL) deaf?

Yes  No

If **Yes** but are **not** registered with the London Borough of Bromley, please enclose an audiological report and go to **Part D**.

### 3. Physical Disability

a. Do you receive Disability Living Allowance **Higher Rate** Mobility component?

Yes  No

If **Yes** please provide a copy of your official letter of award detailing how your allowance is made up and go to **Part D**.

b. Have you been awarded a War Pensioners Mobility Supplement for at least 12 months?

Yes  No

If **Yes** please provide a copy of an official letter confirming the date of your award detailing how your allowance is made up and go to **Part D**.

c. Are you registered Physically Disabled with London Borough of Bromley? Yes  No

If **Yes** go to **Part D**, if with another Borough please provide evidence.

Do you have a Blue Parking Badge issued by the London Borough of Bromley? Yes  No

If **Yes** please go to **Part D**.

d. Do you have a disability, or have you suffered an injury which has a substantial and long-term adverse effect on your ability to walk? Yes  No

If **Yes** please provide medical evidence, **OR** Doctors Letter, if you are unable to supply these please go to **Part C**.

### 4. Mental Health

Do you have a severe and enduring mental illness? Yes  No

If **Yes** please provide a letter from your Psychiatrist **OR** go to **Part C**.

**5. Without Speech**

Are you unable to talk? Yes  No

If **Yes** please enclose medical evidence and go to **Part D**.

**6. Loss of arms or long-term loss of the use of both arms**

Do you not have arms or have you long-term loss of the use of both arms? Yes  No

If **Yes** please enclose medical evidence and go to **Part D**.

**7. Learning Disability**

Are you registered as having a Learning Disability with London Borough of Bromley?

Yes  No

If **Yes** go to **Part D**.

**8. Conditions which would prevent you from obtaining a Drivers Licence**

a. Have you been refused a driving licence (not including refusal due to persistent misuse of drugs or alcohol)? Yes  No

If **Yes** please supply a copy of the DVLA refusal letter and go to **Part D**. If you cannot supply a copy go to **Part C**.

b. Do you suffer from (please tick):-

- Epilepsy
- Severe mental disorder
- Sudden attacks of fainting
- Inability to read a registration plate at 20.5 metres even with the help of glasses

Other disabilities, which are likely to cause the driving of vehicles by you to be a source of danger to the public. Please specify:

.....

.....

.....

If you suffer from any of the conditions in 8b please enclose medical evidence, which states that the above conditions would prevent you from holding a Driving Licence.

If you cannot supply evidence please go to **Part C**.

**PART C: ELIGIBILITY ASSESSMENT**

**YOU MAY BE ASKED TO ATTEND AN INTERVIEW IN ORDER TO ASSESS YOUR ELIGIBILITY FURTHER.**

Q1. What is your illness or disability?

A1.

Q2. Please give details of how your day to day activities are affected by your illness/disability

A2.

Q3. How long have you suffered from the illness/disability?

A3.

Q4. How long do you expect your illness/disability to continue for?

A4.

Q5. Do you regularly use a walking aid or a wheelchair? If yes, please state the type of aid(s) you use and how often?

A5.

Q6. Do you take regular medication for your medical condition?

Yes

No

Q7. How far can you walk on flat ground before you feel breathless, feel pain or severe discomfort and need to rest?

A7.

Q8. Roughly how many minutes does it take you to walk this far?

A8.

Q9. Does your illness or disability prevent you from driving?

Yes

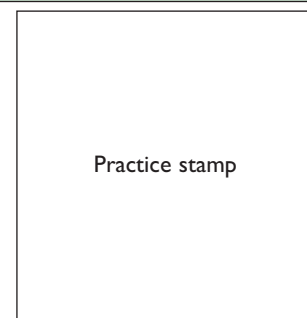
No

Doctors please ensure all questions are complete before signing.

Doctor's signature: .....

Date: ..... Tel no: .....

Countersigned (Care Manager / CMA) .....  
(if supporting application)



**PART D: PROOF OF RESIDENCY (this section must be completed).**

**Two** of the following must be provided to prove you live in the London Borough of Bromley. The documents must be addressed to you personally and **issued in the last 3 months** (please tick the relevant boxes).

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> DSS Benefits letter    | <input type="checkbox"/> Rent Book or Tenancy Agreement | <input type="checkbox"/> Utility Bill |
| <input type="checkbox"/> Council Tax Bill       | <input type="checkbox"/> Bank Statement                 | <input type="checkbox"/> TV Licence   |
| <input type="checkbox"/> Job Centre Plus letter | <input type="checkbox"/> School/College letter          | <input type="checkbox"/> Medical Card |
| <input type="checkbox"/> Child Benefit letter   | <input type="checkbox"/> Statement of Education         |                                       |

**Photographs**

Please enclose 2 recent Passport size photographs with your name on the back. These will be returned if your application is unsuccessful.

**Photographs for Renewals and other**

- No photographs enclosed (I have a Disabled Freedom pass photocard)  
 Two photographs enclosed I need a Photocard

*Please note that you may be contacted to take part in surveys, regarding the use of your Freedom pass.*

**DECLARATION This section must be completed by all applicants.**

*Please read and sign the following:*

I declare that to the very best of my knowledge, all the statements I have made on this form are true and I agree to the London Borough of Bromley contacting my GP/Health Professional if necessary for the purpose of obtaining information on support of my application.

I am permanently resident in the London Borough of Bromley and accept the conditions of use. I understand that the provision of any false information as part of this application about me may be kept on computer in accordance with the Data Protection Act 1984.

Signed: ..... Date: .....

**Fair Processing Notice – Freedom Pass**

The Freedom Pass is a “travel concession permit” for the purposes of the Greater London Authority Act 1999 and is managed by London Councils on behalf of all London Boroughs. In order to provide you with this service your information will be disclosed to the London Borough in which you reside. Your information will be used by London Councils and the London Boroughs to process your application for a Freedom Pass, to promote and achieve equal opportunities and to improve the scheme (including to assess the accessibility of services available to Freedom Pass users), and may also be used for other compatible purposes.

Your personal information will not be disclosed to any third parties unless it is necessary and lawful to do so e.g. for the prevention and detection of crime. We must protect the public funds we handle and we may use any information you have provided to prevent and detect fraud. This may include matching any information we hold about you from other sources including data held on computer records. We may also share this information, for the same purposes, with other organisations.

Please note that all personal information you provide on his form or in support of your application, will be processed by London Councils and the London Boroughs in compliance with the Data Protection Act 1998 (“the Act”).

As mentioned above, your information may be used to contact you about initiatives which we believe to be of direct to you or to consult you about the Freedom Pass, with the aim of improving services to you. If you do not wish to receive this information or to be consulted, please indicate below by ticking the box provided.

I **DO NOT** wish to be contacted about other services an initiatives.

I **DO NOT** wish to be consulted about the Freedom Pass.

If you have any queries concerning the use of the information you provide, **please contact: [mobility@londoncouncils.gov.uk](mailto:mobility@londoncouncils.gov.uk)**