

Disabled Freedom Pass Application for people with a learning disability

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 in the guidance notes.

Photograph sent by email.

Please attach passport photo here.

Please do not use a stapler.

Section A – Your details

Title (Mr, Mrs, Miss, Ms, Other):

First name:

Surname:

National Insurance Number:

Date of birth:

Address:

Postcode:

Phone number:

Email:

Do you have a pass issued by another borough?

No

Yes 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**



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

You need to provide a photocopy of one of the following documents must be provided as proof of your identity.

Passport

Driving licence (photocard)

Medical card

Birth certificate (unless name has changed)

Residence permit card – both sides

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 (Mr, Mrs, Miss, Ms, Other):

Name

Address:

Postcode:

Phone number:

Relationship to you:

Section E — 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 2018. 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.

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

Representative's name

Address:

Phone number:

Relationship to applicant:

Section F — Confirmation of learning disability

Government legislation criteria

The Department for Transport (DfT) defines freedom pass eligibility under learning disability as:

‘[applicant] has a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning.’

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.

A learning disability is different to a learning difficulty. Examples of conditions that are not accepted as a learning disability include ADHD, dyslexia, Asperger’s syndrome and Autism.

To be completed by the applicant’s health professional

In your professional opinion, does the applicant have a learning disability as stated in legislation, meaning they have a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning, which started before adulthood?

Yes No

Declaration:

I confirm that, to the best of my knowledge, the information I have provided in this application is true and accurate.

Name:

Job title:

Signature:

Date::

Practice or Clinic address or stamp

***Unfortunately, the Council cannot accept forms that are signed electronically.**