

# Disabled Freedom Pass Application for people who are medically unfit to drive a motor vehicle

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                                    | <input type="checkbox"/> |
| Driving licence (photocard)                 | <input type="checkbox"/> |
| Medical card                                | <input type="checkbox"/> |
| Birth certificate (unless name has changed) | <input type="checkbox"/> |
| Residence permit card – both sides          | <input type="checkbox"/> |

## 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 – To be completed by doctor or psychiatrist

### Government criteria

The Department for Transport (DfT) defines freedom pass eligibility under medically unfit to drive as:

*“[applicant] would, if he applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, have his application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the ground of persistent misuse of drugs or alcohol.”*

Under Section 92 of the Road Traffic Act 1988 the Secretary of State may refuse to issue a driving licence on the grounds of the applicant's medical fitness. Those who are currently barred from holding a licence are people with:

- a. epilepsy (unless it is of a type which does not pose a danger);
- b. severe mental disorder;
- c. liability to sudden attacks of giddiness or fainting (whether as a result of cardiac disorder or otherwise);
- d. inability to read a registration plate in good light at 20.5 metres (with lenses if worn);
- e. other disabilities which are likely to cause the driving of vehicles by them to be a source of danger to the public

It will be seen that specific reference is made to people who persistently misuse drugs or alcohol. Those people are not covered by the definition of 'disabled person' under the 2000 Act and are thus not entitled to the statutory minimum travel concession.

For guidance for medical professionals regarding assessing fitness to drive, go online to:

**[www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals](http://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals)**

**1. What is the applicant's medical condition?**

**Please tick:**

- a. uncontrolled epilepsy, or a type of epilepsy which cause danger ☐
- b. mental health condition, or is prescribed medication for a mental health condition, that makes the applicant unfit to drive a motor vehicle (other than the persistent misuse of drugs and alcohol), and that would result in an application for a driving licence being refused under the Road Traffic Act 1988 (physical fitness). ☐
- c. liability to sudden attacks of giddiness or fainting (for example, as a result of a cardiac disorder) ☐
- d. inability to read a registration plate in good light at 20.5 metres, even with lenses ☐
- e. other disability likely to cause the driving of vehicles a source of danger to the public. ☐

**Please specify:**

**2. In your professional opinion, is the applicant medically unfit to drive a motor vehicle?**

☐ Yes ☐ No

Please complete the declaration on the next page.

**Declaration:**

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

I agree that if during regular assessments of my patient it becomes clear that their mental health condition has improved, and they no longer fulfil the criteria of being unable to obtain a driving licence or I have knowledge that they are now driving a motor vehicle it is my duty to notify the local authority and, if necessary, the DVLA.

Name:

Job title:

Signature:

Date:

Practice or Clinic  
address or stamp

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