

Disabled Freedom Pass Application for people with a physical 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 | <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 – State benefits

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

1. Disability Living Allowance (DLA)

Have you been awarded the higher rate mobility component? ☐ Yes ☐ No

2. Personal Independence Payment (PIP)

Have you been awarded at least 8 points for the ‘Moving around’ activity? ☐ Yes ☐ No

Have you been awarded at least 8 points for the ‘Communicating’ activity? ☐ Yes ☐ No

If yes for ‘Communicating’, please provide copies of all the pages of your PIP entitlement letter, which must have been issued within the last 12 months. The PIP helpline can be contacted on telephone 0800 121 4433, textphone: 0800 121 4493, Monday to Friday, 8am to 6pm.

3. War pension’s mobility supplement

Have you been awarded the war pension’s mobility supplement? ☐ Yes ☐ No

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 11.

Otherwise fill in the relevant section on pages 4 to 8.

Section F – Walking disability

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?

☐ Yes ☐ No

If yes, when do you expect the treatment to finish? (date)

5. What is the total distance you can usually walk (including rest stops)?

Metres:

6. Does the distance you are able to walk vary?

☐ Yes ☐ No

7. How far can you usually walk before you are in serious discomfort or need to stop and rest?

Number of steps:

or number of metres

8. If you need someone to help you when travelling please explain why:

9. Do you use any of the following ?

Wheelchair

☐ Yes ☐ No

Walking stick

☐ Yes ☐ No

Walking frame

☐ Yes ☐ No

Crutches

☐ Yes ☐ No

Do you use any other aid? Please specify below:

☐ Yes ☐ No

Please give details of the health professional who prescribed the wheelchair or walking aid(s) that you use.

10. Please tick the boxes to indicate any difficulties experienced when walking.

Walking causes me severe pain ☐ Yes ☐ No

I get tired after walking a short distance ☐ Yes ☐ No

I get out of breath after walking a short distance ☐ Yes ☐ No

I have problems with balance ☐ Yes ☐ No

11. If you have other difficulties, please specify:

12. Please provide a copy of your current medical prescription list.

13. Mobility Assessment.

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. ☐ Yes ☐ No

This is due to a congenital absence of both arms. ☐ Yes ☐ No

This is due to a loss of use of both arms. ☐ Yes ☐ No

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) ☐ Yes

Sight impaired (partially sighted) ☐ Yes

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) ☐

Hard of hearing (some useful hearing, with or without an aid) ☐

Normal speech ☐

Limited intelligible speech ☐

Speech not intelligible (in any language) ☐

No speech (in any language) ☐

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 – 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:

Name of your specialist health professional::

Job title:

Practice or Clinic address:

Phone number:

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 ☐ Yes ☐ No if we need more information?

If yes please give your consent here:

Your signature:

Name of your GP:

Practice or Clinic address:

Phone number:

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 K — 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: