

# DISABLED PERSON'S FREEDOM PASS

## MENTAL HEALTH 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 contact the Psychiatrist or GP that they regularly see for their mental health needs to arrange a suitable appointment in order to complete the application form.

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

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

- physical disability; or
- learning disability

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

**If you are over 60:** to have an Older Person's 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 apply for the 60+ Oyster Card on Transport for London's website [www.tfl.gov.uk](http://www.tfl.gov.uk)



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

**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 [ATS@rbkc.gov.uk](mailto:ATS@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**

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. 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 4 and 5**

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.

## **PAGES 6 and 7**

Psychiatrist, Consultant or GP that regularly sees the applicant for their mental health needs, assess the applicant to determine that they fulfil the eligibility criteria:

- Applicants **must** reside in the Royal Borough of Kensington and Chelsea.
- Applicants must have a current **serious mental disorder**, which is of a severity that they have been advised by their psychiatrist, consultant or Doctor **not** to drive a motor vehicle (car, motorbike, scooter).
- Applicants' mental health condition or current medication is of a severity that, if they applied for a licence to drive a motor vehicle they would be refused under section 92 of the Road Traffic Act 1988.
- Applicants' primary mental health condition is **not** due to the persistent misuse of drugs or alcohol.
- Applicants' condition is expected to last at this severity for at least the next 12 months.
- Applicants are not currently driving any type of motor vehicle; car, motorbike, scooter

**Drugs and alcohol:** Applicants who would be refused a licence or have had their licence revoked on the grounds of persistent misuse of drugs or alcohol are specifically excluded from the Freedom Pass scheme.

## 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: [ATS@rbkc.gov.uk](mailto:ATS@rbkc.gov.uk)

**Please detach and keep these notes.**



# Application form for a Disabled Person's Freedom Pass for people with a mental health 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
--	---	--	--	--

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.

☐ current passport

☐ driving licence (photocard)

☐ medical card

☐ 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 – Your ability to hold a driving licence

**Tick any box that applies to you.**

- ☐ I have been advised by my Psychiatrist / GP that I am not to drive.

**OR**

- ☐ I enclose a copy of the letter sent to me by the DVLA informing me that my Driving Licence is no longer valid / has been revoked.

## Section F – Specialist health professionals

Please provide details of the Psychiatrist, GP and Care Co-ordinator who has treated you in relation to your mental health, as we may need to contact them for further information. If you do not give us permission to contact your Psychiatrist, GP or Care Co-ordinator this may affect the outcome of your application.

Name of your Psychiatrist or GP:	
Their address:	
Their postcode:	Their telephone No:

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

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

Name of your Care Co-ordinator:	
Their address:	
Their postcode:	Their telephone No:

Do you agree that we can contact your Care Co-ordinator if we need more information? Yes ☐ No ☐

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

**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 G – 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

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

Representative's name: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Please ask you Psychiatrist or GP to complete pages 6 and 7.**

## Section H – To be completed by your Psychiatrist or GP

The eligibility criterion is strict, a freedom pass requested on mental health grounds should only be submitted for those applicants who have had their driving licence revoked due to their mental health condition, or if they applied for a licence now would have it refused following medical assessment on the grounds of their current mental health. The applicant's ability to drive is not a factor.

The eligibility criterion is often confused regarding people that are not in a position to drive, however it does not matter whether the applicant can actually drive or not, or even if the applicant had never learnt to drive or ever wanted to drive. The criteria state clearly that the applicant would be unable to obtain a licence due to their current mental health condition.

### 1. Please tick one:

- ☐ The applicant has a 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).

**OR**

- ☐ The applicant has a primary mental health condition that is related to the persistent misuse of drugs or alcohol. (Please note people with a **primary diagnosis of alcohol or drug misuse are specifically excluded** from holding a Disabled Person's Freedom Pass by the Transport Act 2000.) **Therefore this application will be refused.**

### 2. Please indicate category:

- ☐ Category B: Severe anxiety states or severe depressive illnesses
- ☐ Category C: Acute psychotic disorders of any other type
- ☐ Category D: Hypomania / Mania
- ☐ Category E: Chronic schizophrenia and other chronic psychoses

**3. Have you advised the applicant not to drive a motor vehicle of any type?**

☐

**Yes**

☐

**No**

**4. Is the applicant's condition expected to persist in its current severity for at least the next 12 months?**

☐

**Yes**

☐

**No**

**Psychiatrist or GP declaration:**

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

I understand and accept that in signing this form I am recommending this applicant for a disabled persons freedom pass and I agree to review this applicant's continued eligibility on renewal.

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.

Psychiatrist / GP name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Practice stamp or  
practice address:

