

Application Form for a Disabled Person's Freedom Pass for people with a Learning Disability

PART ONE – YOUR DETAILS – TO BE COMPLETED BY ALL APPLICANTS

Title Mr/Mrs/Miss/Ms/Other (specify):		Please attach passport photo here. Please do not use a stapler.
Surname:		
Forename(s):		
Address:		
Postcode:		
Date of Birth: National Insurance Number:		
Your Telephone No (Home):		Mobile No:
Your e-mail address:		

Ethnic Origin Data

The purpose of this section is to provide information on whether we are delivering services in an equitable manner across the whole community. The information is confidential and if you do not 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 below.

Please tick the box that applies to you:

(a) White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other	(b) Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other	(c) Mixed <input type="checkbox"/> White/Black Caribbean <input type="checkbox"/> White/Black African <input type="checkbox"/> White/Asian <input type="checkbox"/> Other	(d) Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other	(e) Chinese <input type="checkbox"/> Chinese <input type="checkbox"/> Other
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Any other: _____

☐ I do not wish to say.



Citizenship – This is to be completed by all applicants.

I confirm that I am a UK citizen

Yes ☐ No ☐

If **no**, please tick the box that applies to you below:

I am an EU citizen working in the UK

☐

I am an EU citizen living but not working in the UK

☐

I am neither a UK nor an EU citizen

☐

If you are neither a UK nor an EU citizen, please tick the box that applies to you below:

I am in the UK on a tourist visa

☐ this permit expires on _____ (date)

I am in the UK on a Limited Leave to Remain Residence

☐ this permit expires on _____ (date)

I am in the UK on an Indefinite Leave to Remain Permit

☐

Note to non-UK citizens

The Council has a duty under Section 54 of the Nationality, Immigration and Asylum Act 2002 to ensure that certain services are provided only to UK citizens, and to foreign nationals who have a right to those services. Schedule 3, Paragraph 14 of the Act requires a Local Authority to inform the Secretary of State (Home Office) if a person is found ineligible for these services. This can only be ensured by the inspection of your passport and/or Home Office documents to verify your right to reside in the UK.

PART TWO – RESIDENCY – TO BE COMPLETED BY ALL APPLICANTS

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. **N.B. We will not accept a Post Office Box address as proof that your main home is in the Royal Borough.**

To have your application considered and progressed, you must provide proof of your 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.**

PART THREE – IDENTITY – TO BE COMPLETED BY ALL APPLICANTS

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)

PART FOUR – COUNCIL SERVICES THAT YOU RECEIVE

Please tick one or more boxes below to indicate that you receive, or have received, services a Council department listed below. If you currently receive services, please provide the name of the staff person who serves you:

☐ **Learning Disability Services**

Staff person's name: _____

☐ **Children with Disabilities Team**

Staff person's name: _____

☐ **Special Education**

Staff person's name: _____

PART FIVE – EDUCATIONAL NEEDS STATEMENT

If you attend, or have attended, a special educational needs school, please tick the box next to the name of the school(s) below:

☐ **Green Mead**

☐ **Jack Tizard**

☐ **Paddock**

☐ **Queen Elizabeth II Jubilee**

☐ Another school (name): _____

If you have a Statement of Special Educational Need or a report from a Psychologist which confirms that you have a learning disability, please enclose a COPY with your application. Please do not send originals.

PART SIX – 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 legal 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 that you will deal with all information relating to this application in line with the Data Protection Act 1998, and that you may share this information with Transport for London and the police to detect and prevent fraud.
8. I understand and agree that the Council reserves the right to monitor my continuing eligibility for a Freedom Pass.

Applicant's Signature: _____ **Date:** _____

If you are unable to sign, this declaration must be signed on your behalf below:

Representative's Signature: _____ **Date:** _____

Representative's Name: _____

Contact Phone: _____

Address: _____

Relationship to Applicant: _____

PART SEVEN – FAIR INFORMATION NOTICE

We will deal with the personal information you provide in line with the Data Protection Act 1998. We will use the information to assess whether you qualify for a Disabled Person's Freedom Pass and to manage, monitor and evaluate our services. We will not use your information for any other purpose and we will keep your information in electronic format with restricted access.

We must protect the public funds we manage and may use the information you have provided to prevent or detect fraud. We may also share the information you have provided with other sections of the Council, and with agencies such as the police and London Councils.

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 below.

Title: _____

Name: _____

Address: _____

Phone number: _____

Relationship to you: _____