

Freedom Pass Scheme

for disabled and visually impaired people

Application Form



What is a Freedom Pass?

The Freedom Pass allows you to travel free on London's public transport including buses, the Underground, the London Overground, the Docklands Light Railway and Trams. The Freedom Pass is paid for by your local council.

There is a separate scheme for people aged 60 or over. Application forms for this scheme are available from the Post Office.

Who can apply for a Freedom Pass?

Permanent residents of the Royal Borough of Kingston, aged between 2 and state retirement age, who meet the criteria as laid down by the Department of Transport Act 2000 listed on page 2.

This includes people who are blind or visually impaired, people who are profoundly or severely deaf, people without speech, and people who have

a registerable learning disability or a permanent and substantial physical disability. People receiving mental health services from the Council's community mental health team may also qualify for a Freedom Pass.

How do I apply?

Complete this application form and return it with all the requested documents to the appropriate Adult Social Care Team listed on page 5.

Information in other formats

If you would like this information on audio-tape, on CD, in large print, in Braille, or in another language, please telephone us on 020 8547 5005

Proof of address

Please send us **just one** of the following (please put a tick ✓ against the document you are sending us):

Photocopied documents will be accepted but must be dated in the last 3 months.

- Current Council Tax bill
- Utilities bill (gas, electricity bill. Mobile phone bills are not accepted)
- Bank statement
- Tenancy agreement (if less than 3 months old)
- GP letter confirming your address
- School letter confirming your address (if you are applying for a child)

Please consider which of the following categories most closely describes your situation and tick the relevant box.

A (tick ✓) I am Blind or partially sighted

You must be registered as visually impaired and have a [Certificate of Visual Impairment \(CVI\)](#) or [BD8](#). Please provide evidence.

B (tick ✓) I have severe or profound hearing loss

Please provide either an [audiogram](#) or [aural specialist](#) report to show you have a severe or profound hearing loss.

C (tick ✓) I am without speech

Please provide a medical report to show that you are unable to communicate orally in any language.

D (tick ✓) I have a permanent and substantial physical disability affecting my ability to walk

Please provide proof that you receive the high rate [Mobility Component of the Disability Living Allowance](#) or the [War Pensioner's Mobility Component](#) to show that you have severe walking difficulties. If you do not receive these benefits. Please provide current medical evidence signed and stamped by your GP.

E (tick ✓) I do not have arms or have permanently lost the use of my arms

Please provide independent medical evidence that you either do not have both arms or have permanently lost the use of both arms.

F (tick ✓) I have a learning disability

You must be known to the Council's Adult Learning Disability Team or Team for Disabled Children

G (tick ✓) I am/would be barred from holding a driving licence

You must provide a letter from the Driver and Vehicle Licensing Agency DVLA or your GP that states that you would be barred from holding a driving licence on the grounds of your medical fitness. This could be due to a [physical condition](#) such as epilepsy, or [mental health difficulties](#) where your medication prevents you from holding a licence. People who are banned from driving for misusing drugs or alcohol do not qualify under this category.

Passes issued under category H are discretionary

H (tick ✓) I have a mental health need/issue (only for those who do not fit G above)

If you are applying because of mental health issues and do not qualify under category G above, we will need to contact our Community Mental Health Team to confirm that you have long lasting and substantial mental health needs.

1. Your details

Please complete in BLOCK CAPITALS

Female Male Title: _____ (Mr, Mrs, Miss, Ms or other)

Surname: _____

First names: _____

Date of Birth: _____ Age: _____ Telephone Number: _____

Permanent address: _____

_____ Postcode: _____

2. Your family doctor's details

Name and address of your family doctor (GP)

Name: _____

Address: _____

_____ Postcode: _____

3. Details of your medical condition/disability

What is your medical condition/disability? _____

How long have you had this condition/disability? _____

What medication are you taking? _____

What other treatment are you having? _____

Declaration and authorisation

I declare to the best of my belief all the statements I have made on this form are true. I agree to Kingston Council contacting my family doctor, or other medical practitioner, for the purpose of getting information about my application for a Freedom Pass. I understand that any information supplied by a medical practitioner is confidential and will not be disclosed to me by Kingston Council.

I understand the information I give on my application will be treated as confidential and my personal records kept safe as required under the Data Protection Act 1998. However, I understand personal information may be shared with the police or London Transport Revenue Inspectors in the event of possible misuse of my Freedom Pass, or in cases where it has been reported as lost or stolen.

Kingston Council is under a duty to protect the public funds it administers and may use the information you have provided for the prevention and detection of fraud. We may also share this information with other bodied administering public funds for this purpose.

Signed: _____ Name (please print): _____

If signed by someone other than the applicant, please state your relationship to the applicant:

_____ Date: _____

Ethnic Group

Please help us to make sure we are being fair to everyone by telling us which ethnic group you consider you belong to. This information will be kept confidential. Thank you.

White British White Irish White Polish Any other White

White and Black Caribbean White and Black African White and Asian

White: Traveller of Irish Heritage White: Gypsy/Roma

Any other Mixed background

Indian Pakistani Bangladeshi Tamil Any other Asian background

Black Caribbean Black African Any other Black background

Chinese North Korean South Korean Any other Ethnic Group

Additional information

When you have completed your application form, please send or take it to one of the following teams, depending on your impairment and where you live. Please remember to send or take all requested documents.

Assessment and Reablement Team
Guildhall 1
Kingston
KT1 1EU

New Malden Community Mental
Health Team
Roselands Resource Centre
163b Kingston Road
New Malden KT3 3NN

Kingston Community Mental Health
Team
Guildhall 1
Kingston KT1 1EU

Community Learning Disability Team
Sessions House
17 Ewell Road
Surbiton KT6 6AF

Surbiton Community Mental Health
Team
South Place Resource Centre
Surbiton KT5 8RX

Team for Disabled Children
Moore Lane Children and Young
People's Service
Moor Lane
Chessington KT9 2AA

Chessington Community Mental Health
Team
Tolworth Hospital
Red Lion Road
Tolworth KT6 7QU

OFFICE USE ONLY (to be completed by the Care Manager/Care Co-ordinator)

SWIFT no: _____ Date application received: _____

Application approved

Application refused

If approved, please specify which category was met:

Transport Act 2000 category

(See categories A to G on page 2 and enter category)

Enter letter

Discretionary (London only)

(See category H on page 2 and enter letter)

Enter letter

Additional comments:

Authorising Care Manager's/Care Co-ordinator

Name: _____

Signature: _____

Date: _____

Please send eligible applications only, together with supporting documents, to:

Information and Advice Centre
Royal Borough of Kingston upon Thames
Guildhall 2
High Street
Kingston upon Thames
KT1 1EU

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