

Review form

Disabled Persons Freedom Pass

Please complete using block capitals.

Before completing this form

Please read the information in this booklet in full before completing the form.

If you require this form in a different format, or you would like someone to help you to complete the form, please contact the Assisted Travel Team on tel: 0208 359 4131 or email: assisted.travel@barnet.gov.uk

Instructions

The form has been designed to make it as easy as possible for you to fill in. Most questions only require you to tick one box. The following guide describes the other instructions you may encounter.

Go to Q	Go to the question number indicated. This may mean you miss out one or more questions, or even the rest of the section, but these questions are probably not relevant to you.
Tick all that apply	Here you may tick as many boxes as you want.
Tick one box on each row	Tick one box in the series of boxes going across each row.
Tick one box in each column	Tick one box in the series of boxes going down each column.
Other <input type="checkbox"/> Write in...	If you tick 'other', write your own answer in the space provided.

Please check that you have answered all the questions that apply to you.

If you tick the wrong box by mistake, please cross it out completely and then tick the right box.

Once you have completed the form please pull out of this booklet and return in the enclosed reply paid envelope.

Confidentiality

To ensure personal information about you is secure, all of your answers will be treated in the strictest confidence, and will be stored securely in an anonymous format.

Please be assured all your answers will be stored in accordance with our responsibilities under the Data Protection Act 1998. The responses under the 'About You' section will only be used by the London Borough of Barnet to review what different sections of the community think of our plans.

Unless you are responding on behalf of an organisation, you do not have to give us your name and you will not be personally identified.

About you

For organisations which can help you to fill in this form, please see the last page.

Fields with an asterisk (*) are mandatory.

1. Contact details

Last name*	<input type="text"/>		
First name*	<input type="text"/>		
Previous names*	<input type="text"/>		
Gender*	<input type="checkbox"/> 1 Male	<input type="checkbox"/> 2 Female	
Date of birth*	<input type="text" value="DD/MM/YYYY"/>	Current age	<input type="text"/>
National Insurance number*	<input type="text"/>		
Current address*	<input type="text"/>		
Town	<input type="text"/>	Post code*	<input type="text"/>
Home telephone number	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		
Previous address* if different (last three years)	<input type="text"/>		
Town	<input type="text"/>	Post code	<input type="text"/>
Preferred method of contact	Email <input type="checkbox"/> 1	Telephone <input type="checkbox"/> 2	Post <input type="checkbox"/> 3

Section A: About you

1. Proof of your identity

Please provide a **copy of one** of the following as proof of your identity.

- Birth certificate/adoption certificate
- Valid driving licence
- Marriage/Divorce certificate/Civil Partnership/Dissolution certificate
- Passport

2. Proof of your address

Please provide a **copy of two** of the following as proof of your address. Both documents must be dated within the last three months.

- Current year's Council Tax bill in your name and address
- Tenancy agreement
- Utility bill
- Benefit letter
- TV Licence

3. Photographs

Please provide **one** quality passport photo:

- facing forward
- plain background
- taken within the last three months
- head and shoulders
- printed to a professional standard
- in colour
- on plain white photographic paper with no border
- clear and in focus
- without any creases or tears



This can be taken on a smartphone providing the quality is good and meets the requirements listed above.

Section B: Eligibility criteria

Please complete the sections relevant to your disability.

A. Blind or partially sighted

Are you registered Blind under the National Assistance Act 1948? Yes 1 No 2

Are you registered Partially Sighted? Yes 1 No 2

Please provide a copy of your current:

- Certificate of Visual Impairment (CVI)

Or

- BD8 Certificate

Or

- a London Borough of Barnet (LBB) Social Care Direct registration number.

Note: We cannot accept letters from GPs.

B. Severely or profoundly deaf

Has an Aural Specialist assessed you as severely or profoundly deaf? Yes 1 No 2

Please provide a copy of:

- a recent Audiogram or an Audiology Report which states a severe hearing loss of 70-95 dB HL (Hearing Level) and a profound loss of 95+ dB HL

Or

- London Borough of Barnet Social Care Direct registration number.

Note: We cannot accept letters from GPs.

C. Without speech

Are you without speech (unable to communicate verbally in any language)? Yes 1 No 2

If you answered 'yes', please provide a copy of your:

- recent Personal Independence Payment (PIP) award letter stating an award of eight points or more for 'Communicating Verbally'

Or

- recent report from a Speech Therapist.

Note: We cannot accept letters from GPs.

D. Substantial and long-term adverse effect on your ability to walk

Do you receive the **Higher Rate** Mobility Component of Disability Living Allowance (DLA)? Yes 1 No 2

Do you receive **Personal Independence Payment** (PIP) with a score of eight points or more for 'Moving Around'? Yes 1 No 2

Do you receive the **War Pensioners Mobility Supplement** (WPMS)? Yes 1 No 2

If you answered 'yes', please provide a **copy** of your:

- higher rate Disability Living Allowance (DLA) award letter

Or

- recent Personal Independence Payment (PIP) award letter stating an award of eight points or more for 'Moving Around'

Or

- War Pensioners Mobility Supplement (WPMS) award letter.

If you require a copy of your DLA or PIP award letter, contact the Disability Living Allowance section on: **03457 123 456**.

For a copy of your WPMS award letter, contact the Service Personnel and Veterans Agency (SPVA) on: **0808 1914 2 18**.

Mobile providers can charge, please check with your phone supplier.

If you have not been awarded any of the above please complete the following mobility questions as fully as possible.

You will need to demonstrate that you 'have a disability, or have suffered an injury, which has a substantial and long-term adverse effect on your ability to walk' and a Freedom Pass will only be issued to people who meet this eligibility criteria.

- 1. Please describe any medical conditions/disabilities which affect your walking. If you know them, please state the medical terms for the condition/s you have been diagnosed with:** (Please write in your answer)

- 2. Please describe: surgeries, courses of treatment undertaken or specialist clinics visited in relation to each medical condition/disability you have mentioned. Please state when you underwent any relevant surgery or treatment:** (Please write in your answer)

Surgeries / courses of treatment / specialist clinics	Dates you received this treatment

3. Are you currently taking any pain relief in relation to the medical conditions/disabilities you mentioned above? (Tick as appropriate)

Yes 1 No 2

(please explain what you are taking and how frequently you need it):

4. What medication do you currently take in relation to the conditions/disabilities you described above? (Please write in your answer)

Medication	Dosage

5. Are you currently: (Please tick whichever statements apply to you and provide further details in the space below)

- Awaiting surgery in relation to the conditions described above? 1
- Recovering from surgery in relation to the conditions described above? 2
- Awaiting treatment for any of the conditions described above? 3
- Managing your condition/disability since you have been advised it is not expected to improve any further? 4
- None of the above (please explain below) 5

6. Please give details of the healthcare professionals, or specialists (including your GP) who have been treating you in relation to the conditions/disabilities described above): (Please write in your answer)

Name	Job title	Hospital / Health Centre

7. Do you anticipate that your condition will improve in the next three years?
(Tick as appropriate)

Yes 1 No 2 Don't know 3

If you ticked YES, please describe how much you expect your condition to improve below

How do the conditions/disabilities you described above affect your ability to walk?

8. Please tick whichever of the following statements describe your general walking ability: (Please tick whichever statements apply to you)

- I am able to walk well, including recreational walks 1
- I am able to walk around the supermarket to do my own shopping 2
- I am able to walk and can use public transport for some of my local trips 3
- I am able to walk, but struggle with longer distances or hills 4
- I am able to walk, but get breathless if I walk for more than a few minutes 5
- I am able to walk, but find it too painful to walk for more than a few minutes 6
- I am able to walk but use a wheelchair for longer trips outside the home 7
- I am able to walk around my home, but am unable to climb the stairs 8
- I am unable to walk at all 9
- Other (please describe below) 10

9. Are you able to walk outdoors without help? (Tick as appropriate)

- Yes 1 No 2

Please describe the help you need in the space below

10. Where, in your local area, can you comfortably walk to from your home? (Please write in the space below)

Please state a specific location or landmark which could be found on a map, e.g. a shop, street address or park

11. Please tick the box that best describes the way you walk (Tick as appropriate)

Normal	No specific problems with walking	<input type="checkbox"/>	1
Adequate	For example, you walk with a slight limp	<input type="checkbox"/>	2
Poor	For example, you walk with a heavy limp, a stiff leg or shuffle, or have problems with balance	<input type="checkbox"/>	3
Extremely poor	For example, you drag your leg, stagger, swing through two crutches or need physical support	<input type="checkbox"/>	4
Other	If there is not a box that describes the way you walk, please tell us in your own words about the way you walk in the space provided below:	<input type="checkbox"/>	5

12. Do you use any of the following when you are walking? (Tick as appropriate)

one elbow crutch	<input type="checkbox"/>	1	rollator	<input type="checkbox"/>	8
one walking stick	<input type="checkbox"/>	2	powered wheelchair	<input type="checkbox"/>	9
walking frame (Zimmer frame)	<input type="checkbox"/>	3	Other (please describe in the space below)	<input type="checkbox"/>	10
wheelchair	<input type="checkbox"/>	4			
one elbow crutch	<input type="checkbox"/>	5			
two elbow crutches	<input type="checkbox"/>	6			
two walking sticks	<input type="checkbox"/>	7			

13. Were your walking aids (Tick as appropriate)

purchased privately by me	<input type="checkbox"/>	1
provided by Social Services	<input type="checkbox"/>	2
prescribed by a healthcare professional	<input type="checkbox"/>	3
Other (please describe below):	<input type="checkbox"/>	4

14. How far would you estimate you are able to walk before you feel severe

discomfort? (Please state the distance in metres or yards using whichever measure is best for you)

Metres

Yards

When answering this question please note that:

- the average adult step is just less than one metre, which is 1.1 yards or 3 feet and 4 inches
- if you walk alongside someone and they take 100 steps you would have walked roughly 90 metres, or 100 yards
- the average double-decker bus is about 11 metres, or 12 yards, long
- a tennis court is about 24 metres, or 26 yards, long
- a full size football pitch is about 100 metres, or 110 yards, long.

Roughly how much time would you estimate it takes you to walk this distance?

Minutes

Are you able to continue walking after a short rest?

Yes 1 No 2

If you can continue, roughly how long (in minutes) are you able to walk for in total?

Minutes

15. Please answer 'Yes' or 'No' to each of the following questions? (Tick as appropriate)

Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

Yes 1 No 2

Do you get short of breath walking with other people of your own age on level ground?

Yes 1 No 2

Do you have to stop for breath when walking at your own pace on level ground?

Yes 1 No 2

Do you get too breathless to leave your home, or after dressing?

Yes 1 No 2

Please note you may be expected to attend a mobility assessment with an Independent Medical Assessor on behalf of the London Borough of Barnet in order to determine your entitlement.

E. Loss of arms or long-term loss of the use of both arms

Do you have long-term loss of the use of both arms?

Yes 1 No 2

Do you have an impairment resulting in the loss of use of both arms?

Yes 1 No 2

Do you have a deformity of both arms resulting in being unable to carry out day-to-day tasks?

Yes 1 No 2

If you have answered 'yes' to any of the above, please provide a **copy** of

- recent medical evidence

This may be a report from your GP or a specialist.

F. Learning disability

Do you have a learning disability, that is, a state of arrested or incomplete development of mind (including significant impairment of intelligence and social functioning, which started before adulthood)? Yes 1 No 2

If you answered 'yes', please provide a copy of:

- proof of receiving Services from Barnet Learning Disabilities Services

Or

- a recent Clinical Psychological/Psychiatrist Assessment Report

Or

- a current Educational Health Care Plan with relevant assessment/Education Statement

Note: Being issued a Statement of Educational Needs does not guarantee your eligibility for a Freedom Pass, but may assist with the assessment.

Note: We cannot accept letters from GPs.

G. Conditions which would prevent you from obtaining a driving licence

Do you have a condition that if you applied for a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, you would have your application refused pursuant to Section 92 of the Act (physical fitness) otherwise than on the grounds of persistent misuse of drugs or alcohol?

Yes 1 No 2

Under the criteria outlined by the Department for Transport (DfT), the list below details the eligible disabilities:

- epilepsy
- severe mental disorder (see note below)
- Note: Such conditions include (but are not limited to) dementia (or any organic brain syndrome); behaviour disorders (including post-head injury syndrome and Non-Epileptic Seizure Disorder); and personality disorders. **You will be assessed on a case-by-case basis using the evidence you provide**
- sudden attacks of fainting
- inability to read a registration plate at 20.5 metres even with lenses
- other disabilities which are likely to cause driving of vehicles to be a source of danger to the public.

If you have one of the conditions listed above, or are on medication which prevents you from driving a motor vehicle or have a condition which is likely to prevent you from holding a driving licence, please provide a copy of your:

- refusal or revocation letter from DVLA (voluntary surrender of your licence does not prove entitlement to this concession)

Or

- recent medical evidence of:
 - (i) epilepsy or
 - (ii) severe mental disorder or
 - (iii) sudden attacks of fainting or
 - (iv) inability to read a registration plate at 20.5 metres even with lenses or
 - (v) other disabilities which are likely to cause the driving of vehicles to be a source of danger to the public.

This evidence should be current and from a medical professional who is able to confirm your diagnosis, prognosis, treatment plan and how this disability prevents you from being able to drive.

Section C: Equalities

Barnet Council is committed to delivering high quality public services across our diverse communities.

Please complete the section below.

The information you give in this form will remain strictly confidential, in accordance with the Data Protection Act 1998.

White	
British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Other	<input type="checkbox"/>
Asian or Asian British	
Indian	<input type="checkbox"/>
Pakistan	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Black or Black British	
Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Other	<input type="checkbox"/>

Mixed	
White and Asian	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>
Any other Mixed/Multiple ethnic background (please specify below)	<input type="checkbox"/>
Chinese, Japanese or other	
Chinese	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Other	<input type="checkbox"/>

Section D: Declaration

I declare that to the best of my knowledge all statements I have made on this form are true. I understand action may be taken against me if I have provided false information in this application form.

I confirm that I do not currently hold a Disabled Person's Freedom Pass which has been issued by a different local authority.

I understand that I must inform my local authority of any changes that may affect my entitlement to a Disabled Person's Freedom Pass.

I confirm I am a permanent resident in the London Borough of Barnet.

I understand that my ongoing entitlement to the concession may be reviewed prior to the expiry date of the concession.

I agree that

- if my application is successful I will not allow any other person to use the Freedom Pass for their benefit
- I will use the Freedom Pass in accordance with the rules of the scheme as set out by the Department for Transport.

I also understand the terms outlined by London Councils if my pass is lost, faulty, damaged or stolen. Barnet Council has a duty to protect the public funds it administers and may use the information you have provided for the prevention and detection of crime. We may also share information with other council departments or external organisations in order to undertake our functions as a local authority. We will always comply with the requirements of the Data Protection Act 1998 and never give information about you to anyone else, or use information for another purpose unless the law allows us. If you want to know more about how your information is used visit www.barnet.gov.uk/privacy

Please select one of the following options:

This is my application

I am applying on behalf of someone else

Contact details

First name

Last name

Current address

Town

Postcode

Home tel

Mobile tel

Email address

Please note that you may be required to attend a mobility assessment with an Independent Medical Assessor on behalf of the London Borough of Barnet in order to determine your entitlement.

Important Information

The Freedom Pass shows a pre-printed expiry date but we can review your entitlement to your pass before this date.

If you do not provide information requested within the time given, or new information shows that you are no longer entitled to a Freedom Pass, we will deactivate your pass.

Signed: Date

If you have completed this form on behalf of the applicant, please sign and date above, and print your name and state your relationship to the applicant below:

Signed: Date

Return the completed form to:

LB Barnet Assisted Travel
2 Bristol Avenue
Colindale
London
NW9 4EW

For more information:

tel: 020 8359 4131 email: assisted.travel@barnet.gov.uk visit: www.barnet.gov.uk/apply

List of organisations which can help you complete this form:

Mencap

35 Hendon Lane
Finchley
London N3 1RT
0208 349 3842

Inclusion Barnet

7 Bristol Avenue
Colindale
London NW9 4BR
0208 359 2444

For more information:

tel: **020 8359 4131** email: **Assisted.Travel@barnet.gov.uk**