

Application form Disabled Persons' Freedom Pass Concessionary travel for people with a disability

- Please complete this form in **BLOCK CAPITALS**.

Surname:	Title:
Forename(s):	
Previous Surname:	NI number:
Date of Birth:	Age: years
Address:	
Postcode:	
Phone:	Email:
Carer's Name if form not completed by applicant:	
If you have lived at the above address for less than 3 years please give	
Previous Address: _____	
Do you currently hold a Freedom pass? Yes <input type="checkbox"/> issued by.....council No <input type="checkbox"/>	

Please write in the box on page 3 which categories you would like us to consider

1	<p>If you are blind or partially sighted; Please state which local authority you are registered blind or partially sighted with. If you are not registered with Croydon, or do not wish to be registered you will need to provide supporting evidence. Evidence such as your CVI , BD8 or a report from your eye specialist confirming that your visual impairment is such that you are entitled to be registered as blind or partially sighted. I am registered blind or partially sighted with.....</p>
2	<p>If you are profoundly or severely deaf; If you have a severe hearing loss (i.e. if it reaches 70-95 dBHL), or a profound loss (i.e. if it reaches 95+ dBHL) in both ears, please send a copy any reports you have received from a medical specialist in sensory impairment e.g. an audiological report with this application form.</p>
3	<p>If you are without speech; If you are unable to communicate orally, in any language, and you have been awarded 8 points or more for Personal Independence Payment “Communicating verbally” please send a copy of your full award letter. Alternatively please send any reports you have received from a medical specialist in sensory impairment e.g. a report from an aural specialist with your application.</p>
4	<p>If you have a disability, or have had an injury, which has a substantial and long-term adverse effect on your ability to walk; If your walking ability is permanently and substantially impaired and you have;</p> <ul style="list-style-type: none"> • been awarded 8 or more points for Personal Independence Payment “Moving around” • been awarded the higher rate for Disability Living Allowance “mobility component” • receive the War Pensioners Mobility Supplement <p>Please send copies of your full award letter. These must be dated within 12 months</p> <p>If you do not receive any of these benefits your application will be assessed by an eligibility assessor, you should provide recent medical evidence to help them determine your entitlement. This may include prescriptions/ diagnosis letters/hospital correspondence/ GP patient summary.</p>
5	<p>If you do not have arms or have permanently lost the use of both your arms; We may also consider people who have deformity of both arms and people who have both arms if in either case they are unable to use them to carry out day to day tasks. The loss must be to <i>both</i> arms. Please provide medical evidence to support your application.</p>
6	<p>If you have a learning disability that is defined as 'a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning' We may consider people who have been assessed from an early age as having a significant or substantial learning disability which includes a significant impairment of intelligence and social functioning. This is a reduced ability to understand new or complex information, difficulty in learning new skills, and may also include an inability to cope independently. These disabilities must have had a lasting effect on your development.</p>
7	<p>If it can be shown that, were you to apply, you would be barred from holding a driving licence under section 92 of the Road Traffic Act 1988 on the grounds of your medical fitness – otherwise than on the ground of persistent misuse of drugs or alcohol. The list of medical conditions under which a person may be refused a driving licence is extensive. Before applying under this category, you should seek medical advice. Please send us medical evidence to support your application. If you are unable to drive because you have epilepsy please give the date of your last daytime seizure here.....and send us your medical evidence.</p>

In addition to National Disabled Persons freedom passes given to applicants who qualify in categories 1-7, Croydon Council may issue a Discretionary (London only) freedom pass, for one year, in the following circumstances:

8	If you receive support from social services under the Care Act 2014 because you have a severe mental illness as identified and defined by a medical professional: who have an ongoing care plan for 12 months or more. Provided it is agreed the issue of a pass will support the achievement of the outcomes specified in your care plan.
9	If you are registerable as physically disabled under the Care Act 2014 and receive support from social services. Provided it is agreed the issue of a pass will support the achievement of the outcomes specified in your care plan.

There are no other conditions under which Croydon Council will issue a disabled persons freedom pass. The decision to issue or refuse a disabled persons freedom pass rests solely with Croydon Council. Renewal of a freedom pass is dependent on continuing eligibility. Reassessment can take place at any time, irrespective of the expiry date on any pass issued.

Which categories do you wish to apply for a freedom pass?



You should-

- read, complete and sign this application form
- provide a recent, colour, passport style photo/digital photo
- provide proof of your identity
- provide proof of your current address
- provide relevant supporting documentation to show your eligibility

Examples may include– DWP benefit award letters, CVI, BD8, diagnosis letters, hospital correspondence, prescriptions, educational psychologist reports, DVLA correspondence, GP patient summary print out.

DO NOT SEND ORIGINAL DOCUMENTS

Completed applications should be posted or emailed to the Travel Service Team
3rd Floor Zone E
Bernard Weatherill House,
8 Mint Walk, Croydon CR0 1EA
travel.service@croydon.gov.uk

1) Please give the contact details of the GP or the medical specialist familiar with your case

Name.....
Address.....
.....
Email

2) If you have a care package please give the contact details of your care co-ordinator

Name.....
Address.....
.....
Email.....

3) What is your medical diagnosis? (do not worry about spelling)

4) How long have you had this medical condition?

5) What medicines are you taking?

6) What other treatment are you having?

DECLARATION & AUTHORISATION

- My primary or sole residence is in the borough of Croydon.
- I agree to Croydon Council contacting my GP, medical specialist, care coordinator or specialist named on this form, or accessing records held by other Croydon Council departments for the purpose of obtaining information to support my application and prevent fraud.
- I agree to the terms and conditions of the Freedom pass scheme.
- I declare that to the best of my belief, all the statements I have made on this form are true.

Signed:

Date:

Print name:

Applicant must sign declaration if over 16 years old.
Carer may sign for a minor, or when acting with Power of Attorney
Please include evidence with the application

Data Protection

Croydon Council Travel Service collects Personal and Special Categories of Data as defined in the General Data Protection Legislation (GDPR) 2018 and the Data Protection Act 2018 about the individuals who approach our service.

Your personal data is collected, stored, destroyed and maybe shared in compliance with our legal obligations under the GDPR and Data Protection Act 2018. For more information about how Croydon Council manages your data please go to www.croydon.gov.uk/democracy/data-protection-freedom-information

Privacy statement

You have made an application for assistance to Croydon Council's Travel service. Croydon Council holds joint responsibility as data controllers with London Councils.

We will need to make further enquires and to collect some information about you, so that we can process your application correctly. We may also need to speak to a number of people for you, or ask them about the information that you have provided.

Our privacy notice explains how we use any personal information we collect about you, when you use our services. It also explains how the data is shared with London Councils and their contractors. You can find our full privacy notice at www.croydon.gov.uk

Ethnic monitoring

We consider all applications fairly, regardless of applicants' sexual orientation, race, colour, gender, age, or religion. By monitoring the ethnicity of our service users, we can identify whether we are providing equal access to all groups of people.

All information will be kept confidential, in line with the General Data Protection Legislation (GDPR) 2018 and the Data Protection Act 2018

Completing the information below is optional and will not affect our assessment of your entitlement to concessionary travel. Please tick the box which best describes your ethnic origin.

Ethnic origin	<input checked="" type="checkbox"/>
White British/English/Welsh/Scottish/Nothern Irish	<input type="checkbox"/>
White Irish	<input type="checkbox"/>
White – Gypsy or Irish Traveller	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>
Black or Black British- Caribbean	<input type="checkbox"/>
Black or Black British - African	<input type="checkbox"/>
Any other Black background	<input type="checkbox"/>
Mixed – White/Black Caribbean	<input type="checkbox"/>
Mixed- White and Asian	<input type="checkbox"/>
Mixed White/Black African	<input type="checkbox"/>
Any other mixed background	<input type="checkbox"/>
Asian or Asian British- Indian	<input type="checkbox"/>
Asian or Asian British- Pakistani	<input type="checkbox"/>
Asian or Asian British- Bangladeshi	<input type="checkbox"/>
Asian or Asian British- Chinese	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>
Arab	<input type="checkbox"/>
Other ethnic group	<input type="checkbox"/>
I prefer not to say	<input type="checkbox"/>

Guidance Notes

If we are not provided with proof of name, age or address with the application we will not be able to complete your application for a Freedom Pass.

Please send copies, do **NOT** send valuable documents as we will not be returning the evidence you send us.

Acceptable proof of name and age:

- Current passport
- Birth certificate (and proof of any name changes)
- Current driving licence
- Letter of state pension entitlement
- European ID card

Acceptable proof of residential address:

- Current council tax bill/letter
 - Current council/housing association rent book/statement/letter
 - Current television licence
 - Residential utility bill/Letter dated in the last 3 months (Excluding mobile phone bills)
 - HMRC letter dated in the last 3 months
 - DWP letter dated in the last 3 months
 - Occupational pension letter dated in the last 3 months
- PLEASE NOTE THAT WE DO NOT ACCEPT BANK LETTERS/STATEMENTS AS PROOF OF RESIDENCY

PHOTO- If your application is approved we will need a passport style photo-

- Taken within the last 12 months
- Taken against a plain white/cream background

Digital photos are acceptable and can be emailed to travel.service@croymdon.gov.uk

If you are sending us a copy of your PIP award - you must send us **all** pages of the award letter, showing the breakdown of points you receive.

If you have reached state retirement age, please apply for an older persons freedom pass, for more information go to freedompass.org

Each application is unique and may require further verification of eligibility, therefore it is not possible to estimate a time limit to this process; however we will endeavour to ensure that is dealt with as quickly as possible.

If you need to contact us about your application please email travel.service@croymdon.gov.uk

For more information about Freedom passes, including the terms and conditions of use, please see freedompass.org or croymdon.gov.uk and search Freedom Pass.