

Freedom Pass for disabled people

(concessionary travel permit)


Application Form



Please tick box as appropriate

Please read the notes in the attached leaflet, then complete this application form and sign the declaration on the back page.

If you have any queries about Freedom Passes, please contact:

 020 8359 4131

Fax 0870 889 5472

Or write to:

PO Box 49065, Assisted Travel Section,
London Borough of Barnet, London N11 1UZ

Title
(Mr/Mrs/Miss/Ms)

Surname

First Name(s)

Address

Postcode

Date of Birth

Telephone number

Please tick **one** box only (This section must be completed)

*I am able to travel by public transport safely, either alone or with another person.
I claim that I am eligible for a Freedom Pass because:*

- A**
- I have a permanent physical disability, or a disability which is likely to last for 12 months or more and affects my ability to walk more than 100 metres.
 - I do not have arms or have a long-term loss of the use of both arms.
 - I would have a driving licence refused on the grounds of medical fitness.

*If you have ticked A, please complete **pages 3- 4** and return your completed form to:
PO Box 49065, Assisted Travel Section, London Borough of Barnet,
London N11 1UZ*

- B** I am registered deaf and/or without normal speech (unable to communicate orally in any language).

Registration Number. _____

*If you have ticked B, please complete **page 5** and return your completed form to
PO Box 49065, Assisted Travel Section, London Borough of Barnet,
London N11 1UZ*

- C** I am registered sight impaired (partially sighted) or severely sight impaired (blind) or eligible for registration.

Registration Number. _____

*If you have ticked C, please complete **page 5** and return your completed form to:
PO Box 49065, Assisted Travel Section, London Borough of Barnet,
London N11 1UZ*

- D** I have a learning disability

*If you have ticked D and you are **over 18 years of age**, please complete page 5 and return your completed form to Barnet Learning Disabilities, 3rd Floor, 313 Ballards Lane, North Finchley N12 8LY*

*If you have ticked D and you are **under 18 years of age**, please tell us which school you attend _____
and the date of your Special Educational Needs Statement*

*Please complete **page 5** and return your completed form to:
PO Box 49065, Assisted Travel Section, London Borough of Barnet,
London N11 1UZ*

- E** I have severe mental health problems requiring specialist mental health services for at least two years.

*If you have ticked E, please complete **page 5** and return your completed form to:
Primary Mental Health Team, 1st Floor, Berkley House,
18-24 High Street, Edgware HA8 7RP*

Please answer the following questions if you ticked box A on page 1

1 a) Do you receive the higher rate mobility component of the Disability Living Allowance?

Yes No

If yes, please provide evidence, such as a copy of your order book or a letter confirming the payment of your allowance.

*Please go to **page 5***

1 b) Do you receive any other disability related benefits?

Yes No

If yes, please provide evidence, and give details below.

.....
.....
.....
.....

2 Do you suffer from a permanent physical disability which affects your ability to walk?

Yes No

3. What is the nature of your physical disability? Please give details such as diagnosis, any hospital treatment received, operations, attendance at clinics, severity of illness or prescribed medication.

.....
.....
.....
.....

4. How long have you had this physical disability?
Please enter year(s) month(s)

5. Are you known to Barnet Adult Social Services as a disabled person?

Yes No

Registration Number

6. Please give details of how your disability affects your ability to walk.

.....
.....
.....
.....

7. Does your disability restrict your ability to cope with everyday living? (e.g. difficulty getting on/off toilet or chair, difficulty in getting in/out of bath or bed, difficulty with dressing, etc).

Yes No

If yes, please give details below.

.....
.....
.....
.....

8	Are you able to walk to a bus stop or underground station? Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Are you able to travel on a bus/train a) on your own? Yes <input type="checkbox"/> No <input type="checkbox"/> b) with an escort? Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Are you able to use: a) ordinary buses? Yes <input type="checkbox"/> No <input type="checkbox"/> b) low floor buses? Yes <input type="checkbox"/> No <input type="checkbox"/> c) trains? Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Do you use any of the following aids? <i>(Please tick all that apply)</i> Walking stick <input type="checkbox"/> Walking Frame <input type="checkbox"/> Crutches <input type="checkbox"/> Artificial leg <input type="checkbox"/> Wheelchair <input type="checkbox"/> Artificial arm/s <input type="checkbox"/>
12	Is your ability to walk restricted due to <i>(Please tick all that apply)</i> Problem with balance <input type="checkbox"/> Pain/discomfort <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Tiredness <input type="checkbox"/>
13	Do you have limited movement in your joints? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please tick all that apply</i> Hips <input type="checkbox"/> Knees <input type="checkbox"/> Ankles <input type="checkbox"/> Weakness in legs <input type="checkbox"/>
14	Can you climb: a) a step? Yes <input type="checkbox"/> No <input type="checkbox"/> b) stairs? Yes <input type="checkbox"/> No <input type="checkbox"/>
15	I am able to walk <i>(Please tick one box)</i> 10 - 50 metres <input type="checkbox"/> 50 - 100 metres <input type="checkbox"/> 100 metres + <input type="checkbox"/>
16	Please provide as much information as possible to support your application. Lack of information may cause delay or result in your application being refused. <i>(Please continue on a separate sheet if necessary)</i>

Declaration

I wish to apply for a Freedom Pass from the London Borough of Barnet.

I am a permanent resident of the London Borough of Barnet and I attach,

- **Two recent passport-style photographs** (2" x 1") of myself
- **Either a recent official letter or a document showing my address** (for example a gas or electricity bill).

Categories **B** and **C** only - I have enclosed details of my registration number.

I understand that it may be necessary to gain more information about my condition from my doctor. I agree to the London Borough of Barnet contacting my doctor for this purpose.

Name and address of doctor

.....

I understand that my application may need to be assessed by the council's Occupational Therapist/Social Worker

Full name of applicant (please print)

Signature of applicantDate.....

If you are unable to sign the declaration yourself, it may be signed below on your behalf by a relative / spouse / friend / person of authority.

Your full name Signature

Date Relationship to applicant.....

For official use only

Decision: Agreed Not Agreed

Signature.....

Print name

Designation: Social Worker / Occupational Therapist

Date:.....

Signature.....

Print name

Designation: Manager

Date:.....

Equalities Monitoring Form

Barnet Council aims to provide high quality services that meet the needs of local people. We monitor the delivery of our services to ensure that it is representative and that all service users are treated fairly. In addition, we are legally committed to promoting race equality, under the Race Relations (Amendment) Act 2000, disability equality under the Disability Discrimination Act 2005 and gender equality from the Equality Act 2006 to everything the Council does. There is also other legislation which instructs the council and other service providers to make sure that people are not prevented from accessing goods and services. Therefore, we need to ask these questions to make sure that we are delivering appropriate services to those people who need them.

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

The Disability Discrimination Act 1995 defines a disability as, 'A physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'. In this definition, long-term is taken to mean more than 12 months and would also cover long term illness such as cancer and HIV or mental health problems.

Disability

Do you consider yourself to be a disabled person? Yes No

What is your faith or belief?

Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Agnostic	<input type="checkbox"/>	Humanist	<input type="checkbox"/>	Jain	<input type="checkbox"/>
Atheist	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	Baha'i	<input type="checkbox"/>
Any other religion	<input type="checkbox"/>	If ticked, please specify:			
Non-Religious Groups	<input type="checkbox"/>	If ticked, please specify:			

What is your gender?

Female Male Trans-gendered

What is your sexual orientation?

Heterosexual Bisexual Gay man Lesbian
 Prefer not to say Other If 'other' please specify:

What is your ethnic group?

- | | | |
|-------------------------------------|--------------------------|----|
| Asian or Asian British: Indian | <input type="checkbox"/> | A1 |
| Asian or Asian British: Pakistani | <input type="checkbox"/> | A2 |
| Asian or Asian British: Bangladeshi | <input type="checkbox"/> | A3 |
| Asian or Asian British: Other | <input type="checkbox"/> | A9 |
| Black or Black British: Caribbean | <input type="checkbox"/> | B1 |
| Black or Black British: African | <input type="checkbox"/> | B2 |
| Black or Black British: Other | <input type="checkbox"/> | B9 |
| Chinese | <input type="checkbox"/> | O1 |
| Mixed: White & Black Caribbean | <input type="checkbox"/> | M1 |
| Mixed: White & Black African | <input type="checkbox"/> | M2 |
| Mixed: White & Asian | <input type="checkbox"/> | M3 |
| Mixed: Other | <input type="checkbox"/> | M9 |
| White: British | <input type="checkbox"/> | W1 |
| White: Irish | <input type="checkbox"/> | W2 |
| White: Other | <input type="checkbox"/> | W9 |
| Refusal | <input type="checkbox"/> | NS |
| Other Ethnic Group | <input type="checkbox"/> | O9 |

If other, please specify:

What is your preferred language?

Written

Spoken

Is an interpreter required? Yes No

Please indicate if you would prefer information in a more accessible format, for example large print, Braille, audio tape, Easywords © or pictorial format.

Thank you for completing this form.

Please allow up to 6 weeks for this application to be processed.

Please return your completed form to:

PO Box 49065
Assisted Travel Section
London Borough of Barnet
London N11 1UZ