



HILLINGDON
LONDON

Disabled Person's Freedom Pass Application Form

People who are eligible for a Disabled Person's Freedom Pass are adults, disabled children and young people of fare-paying age who meet the following eligibility criteria.

INFORMATION ABOUT YOU

Hillingdon Council will use the information you provide to assess your eligibility for a Disabled Persons Freedom Pass, and may be shared with other local authorities, the police and London Councils to detect and prevent fraud. All data is processed in line with the Data Protection Act 2018 and the General Data Protection Regulation, more information is provided in our privacy notices www.hillingdon.gov.uk/privacy

First name(s)			
Surname			
Address			
Telephone Nos.			
Date of birth		National Insurance number	

Please tick which eligibility criteria you are applying under:-

1. People who are sight impaired or severely sight impaired. **Please provide a copy of your CVI.**
2. People who are profoundly or severely deaf in ***both*** ears. **Please provide a copy of your Audiogram.**
3. People without speech.
4. People on Mobility Allowance, Higher Rate of the Mobility Component of the Disability Living Allowance, 8 or more points of ***moving around*** activity of the PIP or War Pensioners Mobility Supplement for at least 12 months. **Please provide copies of all pages of the DWP letter evidencing these awards.**
5. People who do not have arms or have a long-term loss of the use of both arms. **Please enclose medical evidence of this disability.**

6. People with 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”*.
7. People who, if they applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, would have their application refused pursuant to section 92 of the Act (physical fitness) other than on the ground of persistent misuse of drugs or alcohol, because of the following **(Please provide a copy of this refusal, issued by the DVLA):-**
 - *Epilepsy or*
 - *Severe Mental Disorder or*
 - *Liability to giddiness or fainting or*
 - *Inability to read a registration plate at 20.5 metres even with the help of glasses.*
8. People who are **open to the Community Mental Health Team** and have a severe **and** enduring mental health issue, which affects their ability to walk long distances **and** requiring access to activities which are **outlined in their Recovery Plan**.
9. People with a physical disability that has a substantial and long-term adverse effect on their ability to walk. **Please enclose medical evidence of this disability and describe how this affects your ability to walk.**

Proof of your identity	I enclose a photocopy of one of the following items of identification (tick relevant document): <ul style="list-style-type: none"> <input type="checkbox"/> current passport <input type="checkbox"/> medical card <input type="checkbox"/> valid driving licence <input type="checkbox"/> marriage/divorce certificate or civil partnership/dissolution certificate <input type="checkbox"/> birth certificate/adoption certificate
Proof of residency	I confirm my residency within the borough of Hillingdon and have provided a <u>copy</u> of the following (tick relevant document): <ul style="list-style-type: none"> <input type="checkbox"/> residential utility bill (not mobile phone bill) dated within the last 3 months <input type="checkbox"/> current council tax bill/letter/payment book <input type="checkbox"/> current council/housing association rent book/statement/letter <input type="checkbox"/> current TV licence <input type="checkbox"/> Pension letter, HM Revenue and Customs letter or DWP letter dated within the last 3 months
Photograph	Please attach 1 recent (within the last 12 months) passport-size colour photograph (sized 45mm x 35mm). This photograph must be a current true likeness, showing your full face, facing forward without a hat and taken against a plain, evenly lit and pale coloured background.

Declarations and signature

Declarations	<ul style="list-style-type: none"> <input type="checkbox"/> I confirm that, as far as I know, the details I have provided are complete and accurate. I realise that you may take action against me if I have provided false information in this application form; this could include criminal prosecution. <input type="checkbox"/> I understand that the information I provide will be used to assess my eligibility for a Disabled Persons Freedom Pass, and may be shared with other local authorities, the police and London Councils to detect and prevent fraud. <input type="checkbox"/> I agree that, if my application is successful, I will not allow any other person to use the pass for their benefit and I agree that I will use the pass in accordance with the rules of the scheme. <input type="checkbox"/> I consent to the local authority checking information against other council records to verify application details and help prevent fraud, eg Social Care, Council Tax, Housing Benefits and Electoral Roll. <input type="checkbox"/> I understand that I may be required to undertake a Mobility Assessment with a healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a Disabled Persons Freedom Pass. <input type="checkbox"/> I confirm that the photograph provided is a true likeness of me. <input type="checkbox"/> I understand that you will deal with all documents relating to this application in line with the Data Protection Act 1998, and you may share them with other local authorities, the police and London Councils to detect and prevent fraud.
Your signature	
Date	

Please return this completed form with photocopies of your proof of entitlement, medical evidence, identity and residency within Hillingdon to:

**Disabled Person's Freedom Pass,
Civic Centre (2W/08),
High Street
Uxbridge,
Middx
UB8 1UW**

Telephone No: 01895 556633

Email: SocialCareDirect@hillingdon.gov.uk