

# Application for Disabled Persons

# Freedom Pass

**Important Information**

On page 2 of this application form you will find the 7 categories under which you may qualify for a Disabled Persons Freedom Pass. If you feel that you qualify for under any of the categories, you can fill in this form electronically, or print and scan a completed copy, and email it to [freedom.pass@newham.gov.uk​](mailto:freedom.pass@newham.gov.uk)

Please tick the box that you think qualifies you for a Freedom Pass and also attach photos or scanned supporting evidence to your email application. We do not cover the cost for any supporting evidence you may provide.

Please do not visit the Customer Service Centre with your completed application form. If you are unable to access the form online, please see page 5 for alternatives.

Please Note - You do not need to fill in this form if you are aged 60 years or over, as you might be eligible to apply for either a 60+ London Oyster photocard or an Older Persons Freedom Pass. Please contact London Councils on 0300 330 1433 or visit their website at [www.londoncouncils.gov.uk](http://www.londoncouncils.gov.uk) for further information.

**Personal Details**

(You must complete this in full)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mr  | Mrs  | Miss  | | Ms  | Other (please specify)  |
| Surname: | | |  | | |
| First Name: | | |  | | |
| Address: | | |  | | |
| Post code: | | |
| Telephone Number | | |  | | |
| Email Address | | |  | | |
| Date of Birth | | |  | | |

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| --- | --- | --- |
| Do you need an interpreter or British Sign Language? | Yes  | No |
| If yes, which language? |  | |

**You are entitled to a Disabled Freedom Pass if you are aged 5 and over, and meet one or more of the following criteria:**

Automatic Entitlement

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| 1. Are you registered Blind or Partially Sighted with the Social Care Team?   If you have a completed CVI form or BD8 form from your Optometrist or have a letter from an eye hospital such as Moorfields, then you may be eligible to be registered as blind or partially sighted depending on your sight impairment. |
| Yes  No  |

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| 1. Are you registered Profoundly or Severely Deaf with the Social Care Team?   If you are not registered then a current Audiology report must be provided (this must indicate hearing loss higher than 70 decibels in both ears). |
| Yes  No  |

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| 1. Are you registered Without Speech with the Social Care Team? |
| Yes  No  |
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| 1. Do you have an impairment or an injury which has a substantial and long term adverse effect on your ability to walk (if you can only walk with excessive pain or labour or at an extremely slow pace), or have suffered an injury, which has left you with a substantial and long-term adverse effect on your ability to walk?   PLEASE NOTE PROOF IS REQUIRED. |
| Yes  No  |

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| 1. Are you without arms or have a long-term loss of the use of both arms? |
| Yes  No  |

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| 1. Are you registered as Learning Disabled with the Social Care Team? |
| Yes  No  |

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| 1. Would you, if you applied for the grant for a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, have your application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the ground of persistent misuse of drugs or alcohol? PLEASE NOTE PROOF IS REQUIRED e.g. DVLA or Community Mental Health Team letters etc. |
| Yes  No  |

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| 1. **Disability Living Allowance (DLA) Higher Rate Mobility Component**   You will need to provide a copy of the first page of your entitlement notice letter, your evidence must be dated within the last 3 months and the award of the benefit is expected to be for at least 12 months. |
| Yes  No  |

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| **9. Personal Independence Payment (PIP)**  **You will automatically qualify for a Freedom Pass if you have been awarded at least 8 points of the ‘Moving Around’ activity of the mobility component. You will need to provide the full award letter with breakdown of all the points (All pages). Provided that the award of the benefit is expected to be for at least 12 months. Evidence must be dated within the last 3 months.** |
| Yes  No  |

Please read this statement and sign both boxes below

The information I have given in this form is true and correct.

I also understand that – ‘This transport concession is offered by the London Borough of Newham. It is my responsibility as the named holder to protect it. Misuse by me, the concession holder or by any family member or friend may result in temporary or permanent withdrawal of the concession, pending investigation’.

|  |  |
| --- | --- |
| Signature: | (enter electronic copy of signature here, or mark X to confirm) |
| Print Name: |  |

Please tick one box to select your ethnic origin from the following list

|  |  |  |  |
| --- | --- | --- | --- |
| i) | White  British   Irish   Eastern European   Any other White background  | iv) | Black or Black British  Caribbean   Somali   Nigerian   Other Black African   Any other Black background  |
| ii) | Mixed  White and Black Caribbean   White and Black African   White and Asian   Any other Mixed background  | v) | Chinese or other ethnic group  Chinese   Any other ethnic group  |
| iii) | Asian or Asian British  Indian   Pakistani   Bangladeshi   Sri Lankan Tamil  Any other Asian background  | vi) | If you have chosen one of the ‘any other’ categories, could you please provide further details.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

WHAT YOU NEED TO INCLUDE WITH YOUR APPLICATION

To avoid any delay in issuing you with your entitlement to a Disabled Freedom Pass, please check that you have included the following with your completed application.

* A recent (within the last 12 months) electronic colour photo or copy of a passport sized colour photograph taken against a light, plain background with your name clearly written on the back. Please make sure that nothing is covering your face, you are facing forward and that your head is uncovered unless for religious or medical reasons.
* Proof of address (current or dated in the last 3 months)
* Proof of identification – e.g. Driving licence, Passport, Utility bill, Benefit letters etc.
* Proof of eligibility (as indicated on page 2)
* Any other medical information that you feel will support your application for a Freedom Pass.

PROCESSING YOUR APPLICATION

We aim to process your application within 12 weeks of receipt and will write to you to advise you of the outcome. Please only contact us if this time has elapsed and you have not heard from us.

If you are entitled to a Disabled Freedom Pass your application will be processed and your new pass will be sent to you by post within 15 days. There is no need to contact us before this date.

If you are aged 60 years or over and hold either a 60+ London Oyster photocard or an Older Persons Freedom Pass and also qualify for a Disabled Freedom Pass (meet one of the criterion on page 2) – you will be asked to surrender it.

APPEALS PROCEDURE

We hope that you will be happy with the decision. However, if you do not agree with the decision, you have the right to request an appeal within 1 month of the decision being made.

You will need to email the Transport and Concessionary Travel Team at [freedompassappeals@newham.gov.uk](mailto:freedompassappeals@newham.gov.uk)

You must clearly outline why you are appealing and attach additional supporting evidence to your appeal. This process can take between 4-6 weeks and once fully investigated you will be informed in writing of the outcome of your appeal. Failure to clearly state the grounds for appeal or provide additional supporting evidence at the time of submitting an appeal may result in the appeal being rejected.

COMPLAINTS

If you disagree with the policy/procedure used to assess your application or you are unhappy with the manner in which your application was processed, you may email [corporate.complaints@nehwm.gov.uk](mailto:corporate.complaints@nehwm.gov.uk) outlining your reasons for the complaint.

Your complaint will be investigated and response provided to you with the outcome.

Please also complete and sign the Consent Form for Sharing Information (see page 6). The guidance notes are for you to detach and keep for your information, if you have any queries then please email [freedom.pass@newham.gov.uk​](mailto:freedom.pass@newham.gov.uk)

Serial No:

##### AUTHORISATION FORM

##### CONSENT FOR INFORMATION SHARING BOROUGH-WIDE

##### (FORM D)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name(s): | | | D.O.B: | |
| Ref No. & System Name | | | | |
| Applicant's Address:    Postcode:       Email:  Telephone No: | | | | |
| Correspondence Name/relationship  Correspondence Address (if applicable)    Postcode:       Email:  Telephone No: | | | | |
| I have read the information and I give the following consent (please tick relevant box | | | | |
| Full written to share with LBN and partners | | | Restricted\* | Declined\* |
| Unable to give consent: \* | Withdrawn: \* | | | |
| FURTHER INFORMATION (must be completed if \* has been ticked) | | | | |
| Service user Signature: (enter electronic copy of signature here, or mark **X** to confirm)  **Name:**  **Date:** | | Staff Signature: **Name:** Date: | | |

This Council and their partners will comply with the Data Protection Act 1998 when processing this information.

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| CONSENT FOR INFORMATION SHARINGGuidance for service users (FORM D) |

Your records and you

We sometimes ask you to provide us with information about yourself and your family so that we can ensure that you receive the appropriate services. This form explains what happens to this information and how you will be involved in the process.

Gaining your consent

During your (or if appropriate, your children's) contact with the council, a member of staff will explain in detail how information about you will be used and with whom it might be shared. You will then be asked to sign the attached form as part of the process.

This form gives us consent to share your information (and those of your children) with certain other services and organisations. We will share adult information (subject to what is said below) with the consent of the individual adult or someone who is entitled to give consent on their behalf.

If you don’t agree for us to share information, however, it could still be shared if necessary in order for us to carry out our functions; for the stated purposes notified to you when you supply us with information; if we are legally bound to protect a child, yourself or the public; for the prevention and detection of a crime; the assessment of any tax or duty, or if we are required to do so by any court or law.

This form is to record your agreement for us to share information about you outside the ‘stated purposes’ on any form you complete when you contact us. We are requesting your explicit consent in compliance with the 8 Data Protection Principles under the Data Protection Act 1998

What information do we record?

The information we need may include:

* Personal details which include name(s), address(es), date(s) of birth
* Gender ethnicity and marital status.
* Information about your accommodation.
* Contact details for members of your family.
* Details of your previous contacts with this Council or other service providers.
* Financial information.

**What do we use it for?**

**We may also use some of this information for other reasons, here are some examples:**

* To help plan services for your future.
* To make sure that the service you receive is efficient and effective.
* To account for our decisions and investigate complaints.
* To meet our statutory obligations.
* To identify and protect those at risk of harm
* To ensure the accuracy of our records
* To prevent and detect crime
* To protect you and other people

Information Security

We recognise that the information you provide may be sensitive and we will respect your confidentiality. We keep information about you confidential.

This means we store it securely and control who has access to it. We will not share any information where there is any legal prevention on doing so.

We will only share such information as is necessary.

Here are some examples of who your information may be shared with

* Your GP, other health or Council staff including schools
* Within the Council or with other Council’s who provide services to you.
* The Housing department or Housing agencies such as registered Social Landlords or the Council’s Arm’s length housing management organisation.
* The Benefit Agency to help with benefit claims
* Your next of kin or main carer, named advocate, enduring Power of Attorney
* Others who have parental responsibility for your children
* The private and voluntary sectors to deliver some of the services we have assessed a need
* Immigration Services.
* Occasionally we are obliged by law or under protocols to pass on information to Central Government Offices, the police and other emergency service providers such as the fire service, in order to assist them with their functions and responsibilities.

If an organisation is delivering services on the council's behalf, we would need to share the information with them.

You can choose to share your information with all or some of the organisations, however if you restrict who we share the information with it may not be possible to provide you with a service.

You have the right to see information held on you by the council. Leaflets are available telling you how you may do this from the local service centres or the Information Governance team.

If you have difficulty understanding this document or you want to ask more questions, please ask the worker who is assisting you or if you have concerns about how your information is shared or held, or should you wish to view or update your personal information, please contact the Information Governance Team at the address below: -

London Borough of Newham

Newham Dockside

1000 Dockside Road

London

E16 2QU