



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 No.	

Please circle which 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. **Please provide medical evidence of this disability.*****

Continued:-

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 the points against each award.***
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 are defined as having "a state of arrested or incomplete development of mind, including significant impairment of intelligence and social functioning". ***Please provide medical evidence of this disability if you are not open to Hillingdon Adult Social Care.***
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 have voluntarily Surrendered their Driving Licence due to ill health for 3 months or more, should provide a copy of the letter from the DVLA confirming that their Licence has been surrendered and suspended. ***Please provide a copy of the DVLA letter.***
9. People open to the Hillingdon Community Mental Health Team and who have a severe and enduring mental health issue, which affects their ability to walk long distances and requires access to activities outlined in their Recovery Plan. ***Please provide a copy of your Recovery Plan.***
10. People with a physical disability that has a substantial and long-term adverse effect on their ability to walk. ***Please provide a copy of the medical evidence of this disability and describe how this affects your ability to walk.***

Continued:-

Proof of your identity	<p>I enclose a photocopy of one of the following items of identification (tick relevant document):</p> <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	<p>I confirm my residency within the borough of Hillingdon and have provided a. a copy of the following (tick relevant document):</p> <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	<p>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.</p>

Continued:-

<p>Declarations</p>	<ul style="list-style-type: none"> <input type="checkbox"/> I confirm that 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 anyone else to use the pass for their benefit and that I will use it in accordance with the scheme rules. <input type="checkbox"/> I consent to the local authority checking information against other council records to verify application details and help prevent fraud, e.g. 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, 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 it with other local authorities, the Police and London Councils to detect and prevent fraud.
<p>Your signature</p>	
<p>Date</p>	
<p>PLEASE RETURN THIS FORM WITH SUPPORTING DOCUMENTATION TO:</p>	<p>Disabled Person's Freedom Pass Team Civic Centre 3 West 08 High Street Uxbridge Middlesex UB8 1UW</p> <p>Email: SocialCareDirect@hillingdon.gov.uk Telephone No: 01895 556633</p>