



London Borough of Hounslow

The Disabled Persons Freedom Pass Application

Important: Please read **Disabled Persons Freedom Pass Application Notes** enclosed before completing this form

Part 1: Personal Details

Title..... Gender:.....

First Name(s)..... Surname.....

Address.....
.....

Post Code..... Tel:

Date of Birth: National Insurance Number:.....

Part 2: Doctors Details
We may need to contact your doctor to confirm your eligibility

Name
.....

Surgery
Address.....
.....Postcode.....
.....

Telephone.....

Fax

Ethnic Monitoring

<input type="checkbox"/> Black/ Black British	<input type="checkbox"/> White
<input type="checkbox"/> Caribbean	<input type="checkbox"/> British
<input type="checkbox"/> African	<input type="checkbox"/> Irish
<input type="checkbox"/> Other Black	<input type="checkbox"/> Other White
<input type="checkbox"/> Chinese	<input type="checkbox"/> Mixed
<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Any other Ethnic Group
<input type="checkbox"/> White & Black African	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Asian/Asian British	
<input type="checkbox"/> Indian	
<input type="checkbox"/> Pakistani	
<input type="checkbox"/> Bangladeshi	
<input type="checkbox"/> Other Asian	
<input type="checkbox"/> White & Asian	

Part 3: Automatic Entitlement
Please tick if applicable

- I am Registered Blind or Partially Sighted
- I am Profoundly or Severely Deaf
- I receive Higher Rate Mobility Component of the Disability Living Allowance
- I receive War Pensioner's Mobility Supplement

Note: Please provide evidence

Part 4: Entitlement Requiring Further Assessment
Please tick if applicable

- I have a physical disability
- I am without speech
- I have a severe disability in **both** arms
- I have a learning disability
- I would be refused a driving licence or have mental health problems

Note: We will contact your doctor to confirm your disability

PLEASE TURN OVER

Part 5: Declaration

I declare that, to the best of my knowledge, all the information I have provided is correct and I agree that you can check the information.

I am permanent resident in the London Borough of Hounslow and I undertake to notify you of any changes of address within 14 days.

I do not hold an Older Person’s Freedom Pass. I understand that I am responsible for the safe keeping of my pass and that it is for my use only. I will not allow it to be used by any other person. I understand that the Freedom Pass remains the property of Transport for London and is not transferable

I will inform the London Borough of Hounslow if my illness or disability changes in any way. I will report any lost or stolen card to the London Borough of Hounslow within 7 days

I understand if I intentionally give false information I may be prosecuted

I agree to the Local Authority contacting an accredited health professional if necessary, for the purpose of obtaining information to support my application. I also consent for the Local Authority to share information with other council departments or other local authorities for the purposes of assessing my eligibility for the scheme

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. Under section 6 of the Audit Commission Act 1998, we must take part in the National Fraud Initiative (NFI) data matching exercise. This means that the information we hold about your Freedom Pass will be used for cross-system and cross-authority comparisons to prevent and detect fraud

For further information, go to the website: www.hounslow.gov.uk/data_protection

You can also contact Robert Della-Sala (Data Protection Officer) via an electronic form at the same web page

I understand that the information supplied by me on this form will be maintained by the Council and will not be disclosed to any other party save those who are responsible for the enforcement of the Freedom Pass Scheme, to Transport for London, London Councils or otherwise as the law allows.

I further understand that the medical information I have supplied to support this application is deemed to be “sensitive personal data” and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Freedom Pass scheme

Signed.....Date.....

Please return your completed application to:

<p>Email: freedom.pass@hounslow.gov.uk Post: Transport Inclusion Unit Parking Services Civic Centre Lampton Road Hounslow TW3 4DN Tel: 020 8583 3073 Fax: 020 8583 4889</p>	<p>Information regarding permits can be found on our website: www.hounslow.gov.uk For any other enquiries please email: freedom.pass@hounslow.gov.uk</p>
--	---