

**London Borough of Newham  
Local Service Centres/Social Care Teams**

**APPLICATION FORM**  
For a  
**FREEDOM PASS**

**A Freedom Pass will give you free travel on London Transport and British Rail in the Greater London Area.**

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## Freedom Pass

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## Guidance Notes

**Please Note** - If you are over 60 years of age you are automatically entitled to an Elders Freedom Pass. You can get your Elders Freedom Pass from any main Post Office. You do not need to fill in this form.

You are entitled to a Freedom Pass if you are aged 5 and over, and one of the following: -

### Automatic Entitlement

- Are registered blind
- In receipt of Higher Rate Mobility Component of the Disability Living Allowance.
- In receipt of War Pension Mobility Supplement.

### Discretionary Entitlement

- Registered 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 maybe eligible to be registered as blind or partially sighted depending on your sight impairment).
- Registered deaf / deaf without speech with the Social Care Team. If you are not registered then Audiology report must be provided for possible registration.
- Registered deaf with speech / hard of hearing / hearing aid user (both ears) with the Social Care Team. If you are not registered then Audiology report must be provided for possible registration.
- Are without arms or the long term loss of the use of both arms (including e.g. not being able to pay money into a coin machine)
- Registered with having learning difficulties with the Social Care Team.
- Would, if you applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, have your application refused on grounds of medical fitness (other than on grounds of misuse of drugs or alcohol).

**Please Note:** *If you have been refused a driving licence, you will need to provide proof of this e.g. letter from DVLA.*

- Have an impairment or an injury which has a substantial and long term effect on your ability to walk (if you can only walk with excessive pain or labour or at an extremely slow pace). To meet this category, the applicant would need to have additional enquiries made of the specialist consultant who treats the applicant and the consultant would have to confirm this, in writing. **Please Note:** *A supplementary assessment will be carried out.*

# WHAT YOU NEED TO BRING WITH YOU

**TO AVOID ANY DELAY IN ISSUING YOU WITH YOUR ENTITLEMENT TO A FREEDOM PASS, PLEASE BRING THE FOLLOWING WITH YOU.**

- 1 A current and original copy of your Disability Living Allowance entitlement letter, this must be dated within the year. Any letters dated longer than the current year will not be acceptable. If you need to obtain an up to date copy then please telephone 08457 123 456.**
- 2 Two passport sized photographs - colour photographs, please make sure that your face is not covered in the photograph, you are not wearing a hat – your face must be clearly visible on the picture and that it is a recent picture.**
- 3 You must come to collect the Freedom Pass in person, as we will not issue to friends or relatives.**
- 4 Please also bring in your proof of address and your proof of identification – e.g. Driving Licence, passport, utility bill, benefit letters and so on.**
- 5 Customers who do not meet the Freedom Pass criterion will be encouraged to apply for a Disability Benefit / Benefit Check, for further advice on this benefit and other benefits please ask for an appointment with the Welfare Advisor or details of this.**
- 6 If you are over 60 and hold an Elders Pass and also qualify for a Freedom Pass (meet one of the criterion on page 3) – you will be asked to surrender your Elders Pass to the Local Service Centre so please bring this in with you.**

You must sign the form and declaration on page 9 – agreeing to the information you have completed in this form.

Please also sign Consent Form on page 11 – regarding sharing information.

Please bring or send the completed form to your Local Service Centre - the address is at the back of this form on page 16.

# APPEALS PROCEDURE

## Freedom Pass

We hope that you will be happy with the decision of the Local Service Centre. 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 write to:

Greer Nicholson, Transport and Concessionary Travel Commissioning Manager  
Unit 10, Stratford Office Village, 4, Romford Road  
London, E15 4EA

Within the appeal you need to outline why you are appealing. The appeal will be dealt with at Stage one. Please provide any additional supporting evidence and the Manager will look at your application again and make a decision or refer your case for further assessment as appropriate.

Once the appeal has been dealt with, the Manager will write to you and inform you of the decision. This decision will be final.

## Complaints

If you are unhappy about the policy / procedure or the way in which your application was dealt with then please write to the Manager of the Local Service Centre outlining your reasons for the complaint.

The Manager will investigate your complaint and respond to you and inform you of the outcome of the investigation.

# APPLICATION FORM

## FREEDOM PASS

Please note that the following information needs to be completed so that we can assess your entitlement for a Freedom Pass.

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
Surname:				
First Name:				
Address:				
		Post code:		
Telephone Number				
Date of Birth				
National Insurance Number:				

Are you an Asylum Seeker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, who is supporting you?	NASS <input type="checkbox"/>	Social Care Team <input type="checkbox"/>
If No, how do you support yourself financially?		
British Sign Language?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need an interpreter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, which language? \_\_\_\_\_

1. Do you receive the Higher Rate of the Mobility Component of the Disability Living Allowance?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this for life: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, when does this end?	XX / XX / XXXX
When was your last Disability Living Allowance Review?	XX / XX / XXXX

2. Are you Registered Blind under section 29(4)(g) of the National Assistance Act 1948?
Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Do you receive a mobility supplement under article 26A of the Naval, Military and Air Forces etc. (Disablement and Death) Service Pensions Order 1938 including such a supplement by virtue of any scheme or order under article 25A of the Personal Injuries (Civilians) Scheme 1983?
Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Are you registered partially sighted with the Social Care Team?
Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Are you registered Deaf / Deaf without speech with the Social Care Team?
Yes <input type="checkbox"/> No <input type="checkbox"/>

6. Are you registered Deaf with speech / hard of hearing / hearing aid user (both ears) with the Social Care Team?

Yes

No

7. Are you without arms or have a long-term loss of the use of both arms?

Yes

No

8. Do you have an impairment or an injury which has a substantial and long term 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, if Yes - a supplementary assessment will be carried out.

Yes

No

9. Are you registered as Learning Disabled?

Yes

No

10. 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, would 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.

Yes

No

**Please provide us with your doctor's details:**

<b>Doctor's Name:</b>	
<b>Address:</b>	
	<b>Post Code:</b>
<b>Telephone Number:</b>	

**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.

<b>Signature:</b>	
<b>Print Name:</b>	

**Consent to contact your Doctor - Please sign below:**

I give consent to the Local Service Centre and/or the Adult Services/Children and Young People Services contacting my Doctor/Consultant or other health professional to verify information supplied on my medical condition and how this affects my mobility, if required.

<b>Signature:</b>	
<b>Print Name:</b>	
<b>Date:</b>	

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

i)	<b>White</b> British <input type="checkbox"/> Irish <input type="checkbox"/> Eastern European <input type="checkbox"/> Any other White background <input type="checkbox"/>	iv)	<b>Black or Black British</b> Caribbean <input type="checkbox"/> Somali <input type="checkbox"/> Nigerian <input type="checkbox"/> Other Black African <input type="checkbox"/> Any other Black background <input type="checkbox"/>
ii)	<b>Mixed</b> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed background <input type="checkbox"/>	v)	<b>Chinese or other ethnic group</b> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/>
iii)	<b>Asian or Asian British</b> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Sri Lankan Tamil <input type="checkbox"/> Any other Asian background <input type="checkbox"/>	vi)	If you have chosen one of the 'any other' categories, could you please provide further details.  _____

Please also complete and sign the attached Consent Form for Sharing Information. The guidance form is for you to detach and keep for your information, if you have any queries then please ask the officer when returning your form.

Thank you for completing the form.

**Please take or send the completed form to your nearest Local Service Centre.**

**You will find addresses on page 16.**

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:		
<b>I have read the information and I give the following consent</b> (please tick relevant box)		
Full written to share with LBN and partners <input type="checkbox"/>	Restricted* <input type="checkbox"/>	Declined* <input type="checkbox"/>
Unable to give consent: * <input type="checkbox"/>	Withdrawn: * <input type="checkbox"/>	
<b>FURTHER INFORMATION (must be completed if * has been ticked)</b>		
<b>Service user Signature:</b>		<b>Staff Signature:</b>
<b>Name:</b>	<b>Name:</b>	
<b>Date:</b>	<b>Date:</b>	

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

## **CONSENT FOR INFORMATION SHARING**

**Guidance 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.

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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: -

2nd floor Broadway House                      Tel: 020 8430 2000  
322 High Street  
Stratford  
E15 1AJ

# Local Service Centres Addresses

**Beckton Local Service Centre**

The Beckton Globe  
1 Kingsford Way  
Beckton  
E6 5JQ

Tel No.: 020 8430 2000

 **Docklands Local Service Centre** 

4 Pier Parade  
North Woolwich  
London  
E16 2LJ

Tel No.: 020 8430 2000

**Canning Town Local Service Centre**

3 Beckton Road  
Canning Town  
London  
E16 4DT

Tel No.: 020 8430 2000

 **East Ham Local Service Centre** 

330 – 354 Barking Road  
East Ham  
London  
E6 2RT

Tel No.: 020 8430 2000

**Forest Gate Local Service Centre**

The Gate  
4 – 20 Woodgrange Road  
Forest Gate  
London  
E7 0QH

Tel No.: 020 8430 2000

 **Green Street Local Service Centre** 

403 – 405 Green Street  
Upton Park  
London  
E13 9AU

Tel No.: 020 8430 2000

**Manor Park Local Service Centre**

685 – 689 Romford Road  
Manor Park  
London  
E12 5AD

Tel No.: 020 8430 2000

 **Stratford Local Service Centre** 

112-118 The Grove  
Stratford  
London  
E15 1NS

Tel No.: 020 8430 2000