



# DISABLED PERSON'S FREEDOM PASS

## MENTAL HEALTH DISABILITY

### Your guide to applying for a pass

**This guide provides supporting information to help you complete the Freedom Pass application form.**

The Council is authorised and required to determine the eligibility of applicants and your application will be considered in accordance with the eligibility criteria prescribed in law and in related Government guidance.

Parts of this application form need to be completed by the psychiatrist or GP that you regularly see for your mental health needs.

Your main and primary residence must be in Westminster.

**You need to use another form if you are applying on grounds of physical disability or learning disability.** Application forms can be downloaded from our website: <https://www.westminster.gov.uk/freedom-pass> Alternatively, contact the Freedom Pass team on 020 7823 4567 (option 3) or email [freedompass@westminster.gov.uk](mailto:freedompass@westminster.gov.uk) to request an application form.

**If you are over 60:** to have an Older Person's pass you must meet the age criteria, you can find more information on [www.freedompass.org](http://www.freedompass.org)

If you are 60 but not yet eligible for an Older Person's Freedom Pass you can still get free travel in London by applying for the 60+ Oyster Card on Transport for London's website [www.tfl.gov.uk](http://www.tfl.gov.uk)

## **PAGE 1 of application form**

### **Photograph requirements**

A photograph is necessary in order to ensure correct use of the pass. It is not a requirement that the photograph is taken in a photo-booth, but it must comply with the requirements for passport photographs, see the following list:

- a colour photograph taken within the last 12 months
- be taken against a plain, light cream or grey background
- show your full head, without any head covering, unless you wear one for religious beliefs or medical reasons
- be taken with your eyes open and clearly visible (no sunglasses or tinted glasses)
- be free from reflection or glare on your glasses, and the frames must not cover your eyes
- not be torn, creased, or marked

If you have difficulties getting a photograph taken in a photo-booth you may take a photograph on a digital camera or mobile phone and email it to [freedompass@westminster.gov.uk](mailto:freedompass@westminster.gov.uk)

## **PAGE 2 of application form**

### **Ethnic origin**

The purpose of this section is to provide information on whether we are delivering services in an appropriate manner across the whole community. This information is confidential and failing to complete it will not prejudice your application. If you do not wish to fill it in please tick the 'I do not wish to say' box.

### **Proof of address**

You need to provide a photocopy of one proof from the list below:

- Current council tax bill/letter/payment book
- Current council/housing association statement dated in the last 6 months
- Current television licence
- Residential utility bill (excluding mobile phone bills) dated in the last 3 months
- HM Revenue and Customs letter dated in the last 3 months
- Department for Work and Pensions letter dated in the last 3 months

## PAGE 3 of application form

Because of the severity of the disabling conditions described by Government guidance as defining eligibility for a Disabled Person's Freedom Pass, it is expected that most applicants will have received services from a specialist health professional in the twelve months prior to their application.

The Government guidance makes clear that the Council may need to consult with specialist health professional(s) in deciding whether you are eligible for a Freedom Pass. Therefore, please give complete information about these professionals on the application form, and tick the box indicating that we have your permission to contact them.

Although information from health professionals is considered, the final decision about whether to issue you with a Freedom Pass is made by the Council in accordance with the law.

## PAGES 4 and 5 of application form

It is important that you understand the conditions on which a Freedom Pass may be issued to you. Please read all items in this declaration carefully before signing and dating it, as your signature indicates that you have done so.

A representative or guardian may sign the form on your behalf if you are unable to do so. Unsigned forms will be returned.

Please note it is an offence under the law to make a false statement in order to evade the payment of public transport fares.

## PAGES 6 and 7 of application form

Psychiatrist, Consultant or GP that regularly sees the applicant for their mental health needs, assess the applicant to determine that they fulfil the eligibility criteria:

- Applicant's main and primary residence **must** be in Westminster.
- Applicants must have a current **serious mental disorder**, which is of a severity that they have been advised by their psychiatrist, consultant or doctor **not** to drive a motor vehicle (car, motorbike or scooter).
- Applicants' mental health condition or current medication is of a severity that, if they applied for a licence to drive a motor vehicle they would be refused under section 92 of the Road Traffic Act 1988.
- Applicants' primary mental health condition is **not** due to the persistent misuse of drugs or alcohol.

- Applicants' condition is expected to last at this severity for at least the next 12 months.
- Applicants are not currently driving any type of motor vehicle; car, motorbike or scooter.

**Drugs and alcohol:** Applicants who would be refused a licence or have had their licence revoked on the grounds of persistent misuse of drugs or alcohol are specifically excluded from the Freedom Pass scheme.

## ADDITIONAL INFORMATION

### Travel Expenses

Please note that the Council cannot take responsibility for any travel or legal expenses that you incur whilst your application is being processed, regardless of the outcome of your application. Should you be found ineligible, and decide to appeal the Council's decision, you will not be reimbursed by the Council for travel or legal expenses incurred during the appeal procedure, regardless of the outcome of the appeal.

### Response time

We will respond within 14 working days from when we receive your application form. Please do not call during this time unless you want to make a major change to your application.

### Successful applications

If you are found eligible we will order your Freedom Pass and it will be sent to you through the post by London Councils (they administer the scheme on behalf of the 33 London local authorities).

## DATA PROTECTION

To find out why the Council needs to collect and store personal data, how this is used and your rights to access your information please refer to our Privacy Policy (<https://www.westminster.gov.uk/parking-services>).

## CONTACT

If you have any questions about the application form, please contact the Freedom Pass team:

Telephone: 020 7823 4567 (option 3)  
Email: [freedompass@westminster.gov.uk](mailto:freedompass@westminster.gov.uk)

**Please detach and retain these notes for reference.**



# Application form for a Disabled Person's Freedom Pass for people with a mental health disability

## Section A – Your details

Before you begin, please read the guidance notes on how to complete this form. Incomplete forms will be returned. Please write clearly in BLOCK CAPITALS.

**Please attach  
passport  
photo here.**

**Do not staple.**

Your photograph must fit within this box. See instructions on page 3 in the Guidance Notes enclosed. Alternatively, you can email a photo to [freedompass@westminster.gov.uk](mailto:freedompass@westminster.gov.uk)

|   |   |
|---|---|
| Title (Mr, Mrs, Miss, Ms, Other)              |   |
| First names (in full)                         |   |
| Surname                                       |   |
| National Insurance Number                     |   |
| Date of birth                                 |   |
| Address                                       | Postcode  |
| Home phone number                             |   |
| Work number                                   |   |
| Mobile number                                 |   |
| Email   |   |
| Do you have a pass issued by another borough? | No <input type="checkbox"/> Yes <input type="checkbox"/> issued by: |

**Please return this form by email or post to:**

**Email:** [freedompass@westminster.gov.uk](mailto:freedompass@westminster.gov.uk)

**Post:** City of Westminster Freedom Pass  
PO Box 354  
Sheffield  
S98 1ET

**TEL:** 0207 823 4567 (option 3)

## NEW APPLICATION

**Ethnic Origin Data** - please tick the box that applies to you:

| (a) White                        | (b) Black or Black British         | (c) Mixed                                      | (d) Asian or Asian British           | (e) Chinese                      |
|----------------------------------|------------------------------------|--|--------------------------------------|----------------------------------|
| <input type="checkbox"/> British | <input type="checkbox"/> Caribbean | <input type="checkbox"/> White/Black Caribbean | <input type="checkbox"/> Indian      | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Irish   | <input type="checkbox"/> African   | <input type="checkbox"/> White/Black African   | <input type="checkbox"/> Pakistani   | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Other   | <input type="checkbox"/> Other     | <input type="checkbox"/> White/Asian           | <input type="checkbox"/> Bangladeshi |                                  |
|                                  |                                    | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other       |                                  |

Other: \_\_\_\_\_

I do not wish to say.

### Section B – Proof of your address

To be considered for a Freedom Pass, your main residence must be within the City of Westminster. You must provide a photocopy of one of the following proof of residency: **(PLEASE DO NOT SEND ORIGINAL DOCUMENTS)**

- Current council tax bill/letter/payment book
- Current council/housing association statement dated in the last 6 months
- Current television licence
- Residential utility bill (excluding mobile phone bills) dated in the last 3 months
- HM Revenue and Customs letter dated in the last 3 months
- Department for Work and Pensions letter dated in the last 3 months

### Section C – Proof of your identity

A photocopy of one of the following documents must be provided as proof of your identity: **(PLEASE DO NOT SEND ORIGINAL DOCUMENTS)**

- current passport                       photocard driving licence
- medical card                               birth certificate (unless name has changed)

### Section D – Contact with third parties

We cannot discuss your application or personal details with anyone other than yourself under any circumstance, unless you give us your permission to do so. If you think that we may need to speak with anyone else about this application, please give their details:

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

## NEW APPLICATION

### Section E – Your ability to hold a driving licence

Tick any box that applies to you.

- I have been advised by my psychiatrist / GP that I am not fit to drive.

**OR**

- I enclose a copy of the letter sent to me by the DVLA informing me that my Driving Licence is no longer valid / has been revoked.

### Section F – Specialist health professionals

Please provide details of the Psychiatrist, GP and Care Co-ordinator who has treated you in relation to your mental health, as we may need to contact them for further information. If you do not give us permission to contact your Psychiatrist, GP or Care Co-ordinator this may affect the outcome of your application.

**Name of your Psychiatrist or GP:**

Their address:

Their postcode:

Their telephone No:

**Name of your Care Co-ordinator:**

Their address:

Their postcode:

Their telephone No:

**Although information from health professionals is considered, the final decision about whether to issue you with a Freedom Pass is made by the Council.**

## NEW APPLICATION

### Section G – My declaration

1. I confirm that, to the best of my knowledge, all information I have provided in this application is true and accurate. I realise that action may be taken against me if I have provided false information in this application. I have enclosed all necessary documentary evidence with this form.
2. I consent to the Council contacting my health professional(s) if further medical information is required.
3. I do not currently hold a Disabled Person's Freedom Pass issued by another London borough, nor a concessionary bus pass issued by another local authority in England.
4. I understand and accept that a Freedom Pass that the Council has issued to me may be withdrawn if I have given any information that I know is wrong or untrue in this application.
5. I understand that a Disabled Person's Freedom Pass remains the property of Transport for London, and that Transport for London may refuse to allow replacement of a Freedom Pass that has been misused by its holder.
6. I agree that, if you issue me a Freedom Pass, I will not allow anyone else to use it in order to evade travel fares; if I do so, I understand that the Freedom Pass may be withdrawn, and the Council may be unable to issue another one to me.
7. I agree that if I become aware that another person is using my Freedom Pass, I will report this to the Council immediately.
8. I understand you will deal with the personal information I provide in line with the Data Protection Act 1998. You will use the information to assess whether I qualify for a disabled person's freedom pass and to manage, monitor and evaluate your services. You will not use my information for any other purpose and you will keep my information in electronic format.
9. I understand that you have to protect the public funds you handle, so you may use the information I have provided on this form to prevent and detect fraud. You may share this information with other sections within the Council, and with agencies such as the police and Transport for London.
10. I understand and agree that the Council reserves the right to monitor my continuing eligibility for a Freedom Pass.

**By signing and dating this section, I confirm that I have read, understood and agreed each of the above statements.**

Your signature, or your representative's or guardian's signature

Date

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## NEW APPLICATION

**If your representative or guardian is completing this form they should give their personal details below:**

Representative's name: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

### Using your personal information

London Councils and the London borough in which you live will be responsible for your information which they, and their agents, will use to administer the Freedom Pass scheme, for customer services and research. Your information will not be used for marketing purposes and will only be shared with other organisations (e.g. other local authorities, Transport for London, government departments and law enforcement agencies) to provide the services where it is legal to do so (e.g. to detect and prevent crime and protect public funds). Your data may be matched with data from other sources, including CCTV and ticket usage data.

From time to time we may wish to contact you about initiatives which we believe may be of direct benefit to you.

Please tick the box if you DO WISH to be contacted

To find out why the Council needs to collect and store personal data, how this is used and your rights to access your information please refer to our Privacy Policy (<https://www.westminster.gov.uk/parking-services>).

**Please ask you psychiatrist or GP to complete pages 6 and 7**

## NEW APPLICATION

### Section H – To be completed by your psychiatrist or GP

A freedom pass requested on mental health grounds should only be submitted for those applicants who have had their driving licence revoked due to their mental health condition or if they applied for a licence now would have it refused following medical assessment on the grounds of their current mental health. The applicant's ability to drive is not a factor.

The eligibility criteria is often confused regarding people that are not in a position to drive, however it does not matter whether the applicant can actually drive or not, or even if the applicant had never learnt to drive or ever wanted to drive. The criteria state clearly that the applicant would be unable to obtain a licence due to their current mental health condition.

#### 1. Please tick one:

- The applicant has a mental health condition or is prescribed medication for a mental health condition that makes the applicant unfit to drive a motor vehicle (other than the persistent misuse of drugs and alcohol), and that would result in an application for a driving licence being refused under the Road Traffic Act 1988 (physical fitness).

**OR**

- The applicant does not meet the criteria as set out above; however, they currently receive a mental health care package from Westminster Social & Community Services (their application will be considered for a discretionary pass only).

**OR**

- The applicant has a primary mental health condition that is related to the persistent misuse of drugs or alcohol. (Please note people with a **primary diagnosis of alcohol or drug misuse are specifically excluded** from holding a Disabled Person's Freedom Pass by the Transport Act 2000.)  
**Therefore this application will be refused.**

#### 2. Please indicate category:

- Category B: Severe anxiety states or severe depressive illnesses
- Category C: Acute psychotic disorders of any other type
- Category D: Hypomania / Mania
- Category E: Chronic schizophrenia and other chronic psychoses

**NEW APPLICATION**

**3. Have you advised the applicant not to drive a motor vehicle of any type?**

**Yes**                       **No**

**4. Is the applicant's condition expected to persist in it current severity for at least the next 12 months?**

**Yes**                       **No**

**Psychiatrist or GP declaration:**

I confirm that, to the best of my knowledge, all information I have provided in this application is true and accurate.

Psychiatrist / GP name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Practice stamp:

(If you do not have a practice stamp; please give your address in the box.)