



## THE LONDON BOROUGH OF SUTTON

### ISSUE FREEDOM PASSES TO THE FOLLOWING GROUPS OF PEOPLE

To contact Concessionary Travel, please email [concessionarytravel@sutton.gov.uk](mailto:concessionarytravel@sutton.gov.uk) or telephone 020 8770 4578

#### CRITERIA FOR ISSUING PASSES TO DISABLED PERSONS

- **People who are blind or partially sighted.** We will issue you with a Freedom Pass under this heading if you are registered or registerable as blind, or partially sighted.

You would need to provide confirmation by producing your CIV (BD8) form from an ophthalmologist.

- **Deaf People.** You will be eligible if you have met the criteria to be on the Sutton Deaf Register as profoundly or severely deaf.

Confirmation by your GP or consultant audiologist will be required.

You will not be eligible for a Freedom Pass if you are registerable as hard of hearing.

- **Without Speech.** If you are unable to make clear basic oral requests. The Local Authority will seek medical evidence to support the application in appropriate cases.
- **If you have a disability or injury which has a long term effect on your ability to walk causing you to walk with excessive labour.** It may be necessary to seek medical evidence that your walking ability is permanently impaired.

You will qualify automatically if you receive the following benefits for which eligibility is based on walking ability.

Higher rate mobility component of Disability Living Allowance (DLA) awarded for at least 12 months from the date of application.

Mobility component of the personal independence payment (PIP)

War pensioners mobility supplement. Letters of entitlement must be produced.

- **If you have long term loss of the use of both arms.** Medical evidence is required to support your application.

- **People with a Learning Disability.** To qualify under this category you must meet the criteria for registration with Sutton's Register for People with Learning Disabilities. Your disability will have started before adulthood. You will qualify if you can travel safely but you are unable to buy a ticket either, because you have a serious communication difficulty and you cannot say where you want to go, or because you are unable to use money.  
Written confirmation will be required.

- **If you applied for a driving licence under the Road Traffic Act your application would be refused** on the ground's of medical fitness (excluding persistent misuse of drugs or alcohol)

Those currently barred from holding a licence include people with

- A severe mental disorder
- Epilepsy (unless it is of a type that does not pose a danger)..

You will need to provide evidence of refusal

If you have not had a driving licence refused or revoked, evidence will be required to prove that you are medically not fit to drive

- **Age Limits.** Adults and children over the age of 5 who meet the criteria can apply
- **Older Persons Passes.** These passes are issued in line with the new Pensions Reform Act and are available from Sutton's Libraries and at Civic Offices or you can apply on at [www. freedompass.org](http://www.freedompass.org)

## **RESIDENCE:**

Your permanent place of residence must be within the London Borough of Sutton.

## **Permanent Disability:**

Freedom Passes are issued in line with the central principle of the Equalities Act 2010. The types of disability that enable people to claim the statutory minimum are those which are permanent or which have lasted at least 12 months and which have a substantial effect on a person's ability to carry out normal day to day activities.



**Disabled Persons Freedom Pass Application Form**

If you are applying for an older persons pass you should apply to any library in the Borough, Civic Offices or at [www.freedompass.org](http://www.freedompass.org)

**Section A (Confirmation of your identity and that you live in Sutton)**

Freedom Passes are only issued to people who live in the borough. We firstly need to check that you meet this condition. To enable us to do so, please attach to this form a **copy** of **ONE** of the following documents:-

- Utility bill (a gas, water or electricity bill dated within the last 3 months)
- Council Tax bill (dated within the current year)
- TV licence
- Rent book.

You must also attach a **copy** of **ONE** of the following documents as proof of your identity:-

- your birth certificate (unless your name has changed for example, if you married)
- your marriage certificate
- your medical card
- your passport
- European ID card

**Please also enclose a recent passport standard photograph (taken within 3 months)**

**Section B (To be completed by all applicants)**

Full name of applicant \_\_\_\_\_ Mr  Mrs  Miss  Ms

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

National Insurance Number

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**Section E (To be completed by all applicants)**

Do you receive any services from Sutton Social Services? Yes  No

If yes, please describe them.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you attend a Sutton Council or Health Authority Day Centre or Treatment Centre? Yes  No

If yes, please state which Centre \_\_\_\_\_

A copy of your care plan confirming your attendance should be enclosed.

Please explain what other difficulties you have that permanently and substantially affect your daily life.

\_\_\_\_\_  
\_\_\_\_\_

Funding authority if not Sutton \_\_\_\_\_

**Section F Applicants with sight impairment**

Please tick to indicate if you are

Blind  partially sighted

A copy of your CVI or BD8 form is required.

**Section G Applicants with hearing and speech impairment**

Profoundly or severely deaf Yes  No

Unable to make clear oral requests Yes  No

A copy of a report from your audiologist will be required.

**Section H (To be completed by all applicants)**

Where an applicant is not able to provide suitable evidence of meeting the criteria, it may be necessary to contact your Doctor for confirmation of your medical condition, please supply his/her name, address and telephone number below:

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

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

\_\_\_\_\_ Post Code \_\_\_\_\_

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

**Please read and sign the following:**

I declare that to the best of my belief all the statements I have made on this form are true and I agree to Sutton Social Services Department contacting my G.P. if necessary for the purpose of obtaining information in support of my application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Finally, please check that you have attached, where relevant, each of the following:-**

- **A document confirming that you are a resident of the borough of Sutton**
- **A passport standard photograph**
- **A document confirming your identity and date of birth**
- **If applicable, a document confirming that you are receiving the higher rate mobility component or war pensioner’s mobility supplement of the Disability living allowance, or mobility component of PIP**
- **CVI, BD8 or evidence from an Ophthalmologist if appropriate**
- **Audiologist Report if appropriate**

Now, please return this form and the above documents to:  
**Concessionary Travel, London Borough of Sutton, Civic Offices, St Nicholas Way, Sutton, SM11EA or email to [concessionarytravel@sutton.gov.uk](mailto:concessionarytravel@sutton.gov.uk)**

**Data Protection Act 2018- Fair Processing Statement**

I understand that the London Borough of Sutton Council is under a duty to protect the Public Funds it administers. As such, the information provided on this form is subject to being used for the prevention and detection of Fraud.

If you wish to know more about how your information is used by the London Borough of Sutton Council, please visit our website, [https://www.sutton.gov.uk/info/200436/customer\\_services/1355/disclaimer\\_copyright\\_privacy\\_cookies\\_and\\_accessibility](https://www.sutton.gov.uk/info/200436/customer_services/1355/disclaimer_copyright_privacy_cookies_and_accessibility) or ask a member of staff for further information.

**ETHNIC ORIGIN**

We would be grateful if you would kindly complete this form. The information will be used within Sutton to provide statistical data for planning purposes. All information will be treated with the strictest confidence and protected by the Data Protection Act 1998.

<b>WHITE</b>	BRITISH		<b>ASIAN OR ASIAN BRITISH</b>	INDIAN	
	IRISH			PAKISTAN	
	ANY OTHER WHITE BACKGROUND			BANGLADESHI	
<b>MIXED</b>	WHITE AND BLACK CARIBBEAN			ANY OTHER ASIAN BACKGROUND	
	WHITE AND BLACK AFRICAN		<b>BLACK OR BLACK BRITISH</b>	CARIBBEAN	
	WHITE AND ASIAN			AFRICAN	
	ANY OTHER MIXED BACKGROUND			ANY OTHER BLACK BACKGROUND	
			<b>CHINESE OR OTHER ETHNIC GROUP</b>	CHINESE	
				OTHER	