

# Taxicard application form

CONFIDENTIAL



Please see the Guidance Notes before you complete this form.

## PART A – PERSONAL DETAILS (To be completed by ALL applicants)

Surname	<input type="text"/>	Mr/Mrs/Miss/Ms/Other	<input type="text"/>
Forename	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	<input type="text"/>		
<b>Please send proof of your Camden address (see guidance notes)</b>	<input type="text"/>		
		Postcode	<input type="text"/>
Phone number	<input type="text"/>	Mobile number	<input type="text"/>
E-mail address	<input type="text"/>		
Date of Birth	<input type="text"/>	Current Age	<input type="text"/>
Please state your DOCTOR'S name and address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

### What is your ethnic group: Please tick (✓)

Our ethnic background describes how we think of ourselves. Ethnic background is not the same as nationality or country of birth. The groups listed below reflect the largest ethnic groups in Camden. You are asked to choose the ethnic group that is closest to how you see yourself and specify a more specific group if you wish.

#### White

- White British
- White Irish
- Any other White background, please specify

#### Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, please specify

#### Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background, please specify

#### Black or Black British

- Caribbean
- Somali
- Any other Black African background, please specify

#### Chinese or other ethnic group

- Chinese
- Any other group, please specify

- Any other Black background, please specify

## PART B – DISABILITY (To be completed by ALL applicants)

Please give details of your main disability, how long you have had it and how it affects your ability to walk. If you have other disabilities that also affect your ability to get around or to use public transport please give details of these. You may continue on a separate sheet if you wish to give more information.

Your disability and the effect on your mobility:

Please list any medication that you regularly take in relation to your disability:

### Disabled Persons' Freedom Pass and Parking Concessions

If you have any of the following, please state the Badge/Pass number.

Disabled Persons' Freedom Pass

Disabled Parking Blue Badge

## PART C – AUTOMATIC ELIGIBILITY CRITERIA

### Benefits

Please tick **Yes** if you currently receive either of the following:

Disability Living Allowance Higher Rate Mobility Component

Yes

No

War Pensioners' Mobility Supplement

Yes

No

### Visual Impairment

Do you have a BD8/CVI confirming you are Blind/Partially Sighted?

Yes

No

If you have ticked **Yes** to any of the above you may automatically qualify for a Camden Taxicard.

**But you must provide copies of the required proof(s) as described in the Guidance Notes.**

Please go to **PART E** and sign and date the declaration.

If **none** of the above automatic eligibility criteria apply to you, please go to **PART D**.

## PART D – ABOUT YOUR PERSONAL MOBILITY

Is your disability '**substantial and permanent**'?

Yes

No

Are you able to walk up to 50 metres (approx. 55 yards) without experiencing pain or difficulty?

Yes

No

Do you use a wheelchair?

Yes

No

Sometimes

Do you use a powered wheelchair?

Yes

No

Sometimes

Are you able to transfer to a Taxi seat?

Yes

No

Do you use any *mobility aids* to assist your walking (eg. crutches, walking stick or zimmer frame)? If **Yes**, please say which below

Yes

No

Are you able to walk at least 50 metres without becoming *severely tired or very breathless or experiencing severe discomfort*?

Yes

No

Do you use any medicine, tablets or inhalers to control your condition? (If **Yes**, please say which below)

Yes

No

Are you able to stand for up to 20 minutes without serious difficulty?

Yes

No

Are you able to get on/off from a bus or train without serious difficulty? (If **No**, please say why not)

Yes

No

Do you require *help or assistance* when travelling?

(If **Yes**, please state what assistance required and the reason)

Yes

No

Do you have any other mobility problems which you would like us to be aware of?

(If **Yes**, please state below or attach an extra sheet)

Yes

No

**Important:** If you have completed PART D above, please take or send the Medical Report Form to your doctor/consultant for completion.

## PART E – DECLARATION (To be signed by all applicants)

I confirm that the details given above are true and accurate to the best of my knowledge and I accept that the Council may make further enquiries to satisfy itself that the details provided are true.

Please confirm the following:

- |                                                               |                              |                             |
|---------------------------------------------------------------|------------------------------|-----------------------------|
| • I have included proof of my permanent address in Camden     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • I have attached 2 passport sized photographs.               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • The Medical Report Form is attached                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • The Medical Report Form has been given to my Doctor         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • The Medical Report Form Invoice has been given to my Doctor | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Signed**

**Date**

## CONTACTING US

You can contact us in the following ways:

### By telephone:

- |                                     |                                                           |
|-------------------------------------|-----------------------------------------------------------|
| Freedom Pass enquiries:             | 020 7974 5919 or 020 7974 6438                            |
| Lost Disabled Freedom Pass:         | 020 7974 5919 or 020 7974 6438                            |
| Taxicard:                           | 020 7974 6435                                             |
| PlusBus d2d enquiries and bookings: | 020 7974 3716                                             |
| Camden Shopmobility enquiries:      | 020 7482 5503 between 9 am and 5 pm<br>Monday to Saturday |
| ScotAbility enquiries:              | 020 7974 2420 or 020 7974 2039                            |
| Disabled Drivers Assessment Scheme: | 020 7974 2420 or 020 7974 2039                            |

**Textlink:** 020 7974 6866

**By fax:** 020 7974 5540

**By e-mail:** [accessible.transport@camden.gov.uk](mailto:accessible.transport@camden.gov.uk)

**Our website:** [www.camden.gov.uk](http://www.camden.gov.uk)

**In writing:** Accessible Transport Service  
London Borough of Camden  
79 Camden Road, London NW1 9ES

**In person:** Our reception is now open at the address above,  
9 am to 5 pm Monday to Friday

## USEFUL TELEPHONE NUMBERS

- |                                     |                                |
|-------------------------------------|--------------------------------|
| Computer Cab (Taxicard) bookings:   | 020 7763 5001                  |
| Reporting lost Taxicards:           | 020 7484 2929                  |
| Dial-a-Ride:                        | 020 7266 6100 or 020 7266 6106 |
| Camden Social Services Call Centre: | 020 7974 6666                  |