

**Taxicard Number:** for official use only

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## Taxicard application form

The London Taxicard scheme provides subsidised door-to-door transport for people who have serious mobility impairment and difficulty in using public transport.

**If you have a disability lasting more than 12 months, you may qualify for a Taxicard.**



### 1 Your personal details

The information you give on this form will be used to assess your eligibility to join the Taxicard scheme and will be processed in accordance with the Data Protection Act 1998. This Act restricts who may have access to your information – for further details please see Parts 9 and 10.

Title (Mr/Mrs/Miss/Ms/Other)

Surname

Forename(s)

Date of Birth

D	D	M	M	Y	Y	Y	Y
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Gender:

M

F

Address

Postcode

E-mail address (if applicable)

Telephone

Mobile (if applicable)

Please tell us if you can how you heard about the Taxicard scheme:

Name of your council:

## 2 Assessing your eligibility

You will normally qualify for the Taxicard scheme if you are blind or receive one of the following benefits and provide documentary evidence.

Please tick the appropriate box below if applicable

You are required to provide your original certificate of entitlement notice – photocopies will not be accepted. If you do not have your certificate, details are given below on how to obtain a new copy.

### Higher Rate Mobility Component of Disability Living Allowance

I enclose my photocopy certificate of entitlement or entitlement notice, dated within the last 6 months. If you cannot produce your certificate, a replacement may be obtained from the Disability Benefits Agency at the Department for Work and Pensions (telephone 08457 123456)

### Personal Independence Payment with an award of eight (8) points or more for the moving around activity component

I enclose a photocopy of my letter of entitlement, dated within the last 6 months. If you can not produce your certificate, a replacement may be obtained from the Department for Work and Pensions (telephone 0845 850 3322)

### War Pension Mobility Supplement

I enclose my photocopy official letter of reward.  
If you cannot produce your letter of reward, a replacement may be obtained from the Veterans Agency (telephone 0800 169 2277)

### Registered Severely Visually Impaired or Blind

I enclose my photocopy evidence of registration with my local authority or my BD8 or my Certificate of Visual Impairment (CVI).  
(Evidence of registration may be obtained from your local council)

**NB: Even if you are in one of the above categories, which would normally automatically qualify you for a Taxicard, you are requested to complete the remaining questions on this form.**

**If you are not in receipt of any of the above benefits and are not registered as a blind person or as someone with a severe visual impairment, you may need to be assessed by your local council's mobility assessor. Please complete the rest of this form, as it will assist with your assessment. Failure to do so may result in delays to your application.**

**It is recommended that you supply photocopies of all relevant medical evidence from a medical professional that confirms your condition such as reports issued by a GP, Specialist and/or Physiotherapist.**

Other benefits received

If you are in receipt of any other disability related benefits, please list these here:


### 3 Transport services

The answers to the questions in this section may determine the number of Taxicard trips allocated to you.

**A) Public transport services** Please indicate whether you use any of the following public transport services, ticking either the yes or no box after each service.

	Yes	No
London Dial-a-Ride	<input type="checkbox"/>	<input type="checkbox"/>
Trains	<input type="checkbox"/>	<input type="checkbox"/>
Tubes	<input type="checkbox"/>	<input type="checkbox"/>
Buses (any types)	<input type="checkbox"/>	<input type="checkbox"/>
Low Floor buses	<input type="checkbox"/>	<input type="checkbox"/>

You can find out more about public transport services by telephoning 020 7222 1234.

**B) Other transport services** We would like to know what other assisted transport you have available to you. Please indicate whether or not you use any of the following services, ticking either the yes or no box after each service.

	Yes	No
Scooter loan scheme	<input type="checkbox"/>	<input type="checkbox"/>
Access to Work scheme	<input type="checkbox"/>	<input type="checkbox"/>
Community Transport Services	<input type="checkbox"/>	<input type="checkbox"/>
Older Person's Freedom Pass	<input type="checkbox"/>	<input type="checkbox"/>
Disabled Person's Freedom Pass	<input type="checkbox"/>	<input type="checkbox"/>
Council Transport Voucher (if scheme is available in your area)	<input type="checkbox"/>	<input type="checkbox"/>
Social Care Transport to Day Centre	<input type="checkbox"/>	<input type="checkbox"/>
Shopmobility scheme	<input type="checkbox"/>	<input type="checkbox"/>
Motorbike/Scooter	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>	<input type="checkbox"/>
Taxis/Black Cabs	<input type="checkbox"/>	<input type="checkbox"/>
Local mini cabs	<input type="checkbox"/>	<input type="checkbox"/>
Friends/Relatives Vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Residential Home Transport	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify) \_\_\_\_\_

If you want to find out whether specific schemes operate in your area please contact your local council.

### C) Blue Badge disabled persons parking scheme

Do you hold a Blue Badge?      Yes      No  
     

If yes please include your membership number and the issuing authority

Membership number:     

Issuing authority:     

Are you a driver?      Yes      No  
     

or passenger?           

When does the badge expire?     

How often do you use your badge?      Please tick one box

- Daily
- Three or more times a week
- About once or twice a week
- About every two weeks
- About once a month
- Less than once a month

## 4 Your health / disability

The answers to the questions in this section may determine the number of Taxicard trips allocated to you.

### A) What are the medical names of your health/disability difficulties?

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How long have you had this disability?  Years  Months

### B) Please explain how your disability affects your ability to use public transport

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How often is your ability to use public transport affected in this way? (Please tick)

All the time  Sometimes  If sometimes, how often?

### C) Is there anything else you would like to tell us about your disability?

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## 5 Getting around outside

The following questions are to help us understand your mobility difficulties outside of your home.

### A) Your mobility

Are you able to stand?

Yes

No

Do you have difficulty standing?

Yes

No

If yes, how long are you able to stand?

What prevents you from standing longer?


How far can you usually walk in metres or yards?  
(This includes using a walking aid);

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What stops you from walking further?


Can you climb steps and stairs without difficulty?

Yes

No

If not, please describe your difficulty?


How long have you had these mobility difficulties? Years  Months

Is there anything else you would like to tell us about your mobility difficulties?


## B) Use of wheelchairs / walking aids outside

Please tick if any of the following apply to you

I use a powered wheelchair  I use a manual wheelchair

I use this wheelchair Sometimes  Always

I am reliant on someone else to push me in my wheelchair Yes  No

My wheelchair was recommended by

I use a walking frame Sometimes  Always

I use a walking stick Sometimes  Always

I use other walking equipment (please specify)

I use this equipment Sometimes  Always

My walking aid was recommended by

### C) Either: details of a healthcare professional

Please give details below of a healthcare professional who knows about your mobility difficulties and who can be contacted for more information if necessary. Please let them know that they may be contacted.

### or: details of a Social Care Officer

If there isn't a healthcare professional that we may contact but you have a Social Care Officer who knows about your mobility difficulties, please give their details. Please let them know that they may be contacted.

Job title (please tick) General Practitioner

District Nurse  Occupational Therapist

Physiotherapist  Consultant

Other (please specify)

Title (Dr/Prof/Mr/Mrs/Miss/Ms/Other)

Name

Address

Postcode

Telephone

Job title (please tick)

Social Worker  Care Manager

Occupational Therapist

Other (please specify)

Title (Mr/Mrs/Miss/Ms/Other)

Name

Address

Postcode

Telephone

## 6 Your preferred means of communication

In case we need to contact you regarding your application, we will try to accommodate any communication needs that you have.

Please tick if any of the following apply to you

I am hard of hearing

I am profoundly deaf

I need a British Sign Language (BSL) interpreter

I need a different language signer (please specify language):

I have a speech impairment

I am blind

I am severely visually impaired

English is not my first language and I need an interpreter

Please specify language

If you need an interpreter or someone to help with the application process and you know someone who can do this for you , please give us their name, address and telephone number.

Title (Mr/Mrs/Miss/Ms)	Name
Address	
Postcode	
Telephone	
Relationship to application	

In what format would you prefer to receive information? (please tick)

Is this size ok?

Or would you prefer this size?

Audio Tape

Braille



## 7 Proof of identity and residence

You are required to provide proof of your identity and residence and your application will not be considered without the required proofs.

**A) Proof of identity:** I enclose a **photocopy** of **one** of the following documents (please tick):

- Photocopy of photocard or paper driving licence
- Photocopy of passport photo page (current or expired)
- Photocopy of UK local residents' parking permit
- Photocopy of birth certificate\*  \*If you are married and have changed your name, you cannot use your birth certificate
- Photocopy of Marriage Certificate
- Photocopy of Asylum Registration Card or Standard Acknowledgement Letter
- Photocopy of NHS Medical Card  Photocopy of statutory declaration of change of name

### B) Proof of residence

I enclose a photocopy of the following current documents, showing my name and address (please tick one):

- Photocopy of council or housing association rent book  Photocopy of council tax bill
- Photocopy of tenancy agreement  Photocopy of letter of entitlement of benefits or pension
- Photocopy of television licence/exemption  Photocopy of utility bill e.g. gas, electricity, phone, water, dated within the last 3 months
- Photocopy of home contents insurance document confirming current policy  Photocopy of domiciliary care bill dated within the last three months
- Photocopy of benefits or pension book

**C) Or:** I enclose a photocopy certificate of entitlement to the Higher Rate Mobility component of the Disability Living Allowance, entitlement letter confirming a Personal Independence Payment award with 8 points or more under the moving around activity or official letter of award of the War Pensioners' Mobility Supplement, dated within the last year. This certificate is accepted as proof of both your identity and residence.

**NB:** If your allowance is due to expire within the next three months your local council may also ask you to provide a copy of your next certificate to be issued. If you have been unable to produce one proof of identity you must provide two proofs of residence from the above list. Your local council may wish to make further enquires to verify your identification and residency.

**D) Photographs:** I also enclose 1 recent passport sized colour photo of myself, with my name printed on the back.

## 8) Ethnic monitoring

This form is separated from the main application form and will not be used as part of your assessment. Your answers will be treated in the strictest confidence. The information you provide will only be used for monitoring purposes and to assist us with improving our processes to ensure we are reaching all sections of the community. How you complete this form has no connection to the evaluation of your application.

**Sex:** Male  Female

### About You Gender identity:

Is your gender identity the same as the gender you were born with? Yes  No

Do you live and work full time in the gender role opposite to the one you were born with? Yes  No

### About You What is your ethnic group?

**Please choose one section from (1) to (e) and then tick the appropriate box to indicate your cultural background:**

#### (a) White

British  
 Irish  
Other please specify:

#### (b) Dual Heritage

White and Black Caribbean  
 White and Black African  
 White and Asian  
Other please specify:

#### (c) Asian

British  
 Indian  
 Pakistani  
 Bangladeshi  
Other please specify:

#### (d) Black

British  
 Caribbean  
 African  
Other please specify:

#### (e) Chinese or Other

Chinese  
Other please specify:

### About You Do you consider yourself disabled?

What do we mean by a disability? The Disability Discrimination Act defines disability as a 'physical or mental impairment with long term, substantial effects on ability to perform day to day activities.'  
Yes  No

### About You How would you describe your sexual orientation? Please tick one box only.

Heterosexual/straight  
 Bisexual  
 Gay  
 Lesbian  
 Other  
 Prefer not to say

### About You What is your faith/religion/belief? Please tick one box only.

Agnostic  
 Atheist  
 Buddhist  
 Christian  
 Hindu  
 Jewish  
 Humanist  
 Muslim  
 Sikh  
Other please specify:   
 Prefer not to say

### About You Please select your age group

18-25  
 26-34  
 35-44  
 45-54  
 55-64  
 65 and over

## 9 Consultation and information

We may wish to contact you to help us improve the Taxicard scheme to better meet your needs.

Please indicate if you are happy for us to contact you by ticking the relevant box below.

I am willing to be consulted.

Yes  No

You may be interested in receiving a magazine about transport and mobility issues.

Please indicate whether you wish to receive this magazine by ticking the relevant box below.

I agree to the release of my name and address in order to receive a magazine containing information about transport and mobility issues in London.

Yes  No

## 10 Declaration of consent

The personal information that you provide on this form will be shared between your local council and the Association of London Government (ALG) who issue Taxicards on the council's behalf. This information will be handled in line with the Data Protection Act 1998 and will be used for the purpose of assessing your eligibility to receive the Taxicard service and to manage, monitor and evaluate the service only. Information about you will not be used for any other purpose and the third parties will be contacted only with your consent.

The ALG and your local council are under a duty to protect the public funds they administer and may use this information you have provided for the prevention and detection of fraud. We may also share this information with other bodies administering public funds for this purpose.

Please sign the following declaration:

I declare that the information given in this form is true in all respects. Should any changes occur in my mobility needs, I will inform my local council immediately. I understand that you may prosecute me if I have given any information on this form, which is wrong or untrue, or any supporting documentation, which is false or fraudulent.

I understand that by submitting my application I agree that the Accessible Transport Unit will check internal Council systems such as the Council Tax and Housing Benefit systems to verify the information I have supplied.

I authorise my healthcare professional, social care officer and any contact person nominated on this form to disclose any necessary information for the purpose of assessing my eligibility for a Taxicard.

Applicant's signature

Date

If you are unable to sign the declaration yourself it may be signed on your behalf by your relative/spouse/person of authority/friend.

If you are under 16 years of age your parents or legal guardian must sign this form.

Signature of authorised person

Print Name

Relationship to applicant

Telephone

**Before returning this form please complete the checklist overleaf.**

## Important checklist

Please ensure that this form is fully completed, as it will be returned if it is incomplete. Your application will be delayed if all necessary documents are not enclosed (please tick):

Have you enclosed proof of identity?

Have you enclosed proof of residence?

Have you or your authorised signatory signed the declaration?

Have you enclosed 1 passport sized photo with your name printed on the back?

Have you enclosed photocopy documentary evidence of benefits received, or registration as a blind person? (if appropriate)

For office use only:

Authorising Officer:

Signature:

Date:

Annual/Monthly Trip Allocation: