

APPLICATION FORM FOR OLDER PERSONS FREEDOM PASS

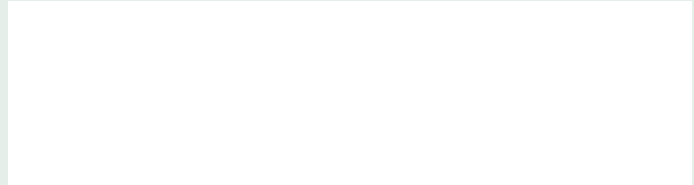
(DO NOT PHOTOCOPY)

IMPORTANT: You must provide correct proofs. See checklist on guidance notes.

Version 1 March 2015

Please complete your details in CAPITAL LETTERS.

FEMALE MALE



***REQUIRED INFORMATION**

*TITLE MR, MRS, MISS, MS, or other

*SURNAME

*FIRST NAME

*PERMANENT ADDRESS

*FULL POSTCODE

*LONDON BOROUGH IN WHICH YOU LIVE

(If you are unsure about which borough you live in, ask at your nearest town hall or library)

*DATE OF BIRTH AGE

TELEPHONE NUMBER (HOME OR MOBILE)

EMAIL ADDRESS

NATIONAL INSURANCE NO

Do not use this form for lost, stolen, faulty, damaged passes or change of address. Contact London Councils on: 0300 330 1433

Please tick I enclose my photograph and copies of the required proofs of name, age and residence (see attached guidance notes)

Write your name, postcode and date of birth on the back of the photograph

FREEDOM PASS

The Freedom Pass is a 'travel concession permit' for eligible older persons. The service is managed by London Councils on behalf of all London local authorities.

For more information about the Freedom Pass please visit: www.freedompass.org or contact us on: **0300 330 1433** (local call rate)

(continues overleaf)

APPLICATION FORM (CONTINUED)

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 for research. Your information will not be used for marketing 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 or where it is legal to do so (e.g. to detect and prevent crime and protect public funds). Your information may be matched with data from other sources, including CCTV or 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

YOUR DECLARATION (APPLICANT TO COMPLETE)

I understand that: my information will be used to provide me with Freedom Pass services as stated above; my entitlement to a Freedom Pass will be reviewed and the services may be withdrawn before the expiry date on the Pass if my circumstances change; and if I give information that is false you may take action against me, including court action.

I acknowledge I have read, understand and accept the Freedom Pass conditions of use which are available on the guidance notes and on the Freedom Pass website at: www.freedompass.org

I declare that the information about me on this form is correct and complete, and my sole or principal residence is within the borough of

INSERT LOCAL BOROUGH NAME

SIGNATURE OF THE APPLICANT

DATE

ETHNIC ORIGIN*

Tick the relevant box

(a) WHITE

British/English/
Welsh/Scottish/
Northern Irish

Irish

Gypsy or Irish
Traveller

Any other White
please write in above

(b) BLACK OR BLACK BRITISH

Caribbean

African

Any other Black
please write in above

(c) MIXED

White/Black
Caribbean

White and Asian

White/Black
African

Any other mixed
please write in above

(d) ASIAN OR ASIAN BRITISH

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian
please write in above

(e) OTHER ETHNIC GROUP

Arab

Any other please
write in above

I do not wish to say

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 box 'I do not wish to say' box above. *These categories are taken from census 2011.

POST (stamp required)

Please return this application form and required proofs to:

Freedom Pass Application
PO Box 572
Hull HU9 9LP

Please make sure you put enough postage on the envelope to ensure your application is delivered.