APPLICATION FORM FOR OLDER PERSONS FREEDOM PASS (DO NOT PHOTOCOPY)

FEMALE			MAL	E.															
*REQUIRED INFORMATION												310	00219	9315	09				
*TITLE							\ \	IR, M	RS, N	4ISS,	MS,	or of	ther						
*SURNAME																			
*FIRST NAME																			
*PERMANENT ADDRESS																			
*FULL POSTCODE]										
*LONDON BOROUGH IN WHICH YOU LIVE																			
*DATE OF BIRTH	(If yo	u are	unsure		— r	ich b	oroug	h you	live in	n, ask	at you AC		arest t	own h	nall or	librar 	y)		
TELEPHONE NUMBER	H					<u> </u>		<u> </u>			7 (0								
(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						STICK PHOTO HERE PEEL BACK ADHESIVE COVER Write your													
Please tick I enclose my photograph and copies of the required proofs of name, age and residence (see attached guidance notes). Please check the eligibility table on page 3 or at www.freedompass.org to make sure you are of the eligible age before you apply.							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) or email **info@freedompass.org** (continues overleaf)

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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.

Our full Privacy Statement is available on our website at www.londoncouncils.gov.uk/freedompass/Privacy_Statement or you can request a copy be sent to you by calling 0300 330 1433.

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

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

information that is false you may take action against me, including court action.

declare that the information about n	ne on this form is correct and complete, and my sole or principa	l residenc	ce is
vithin the borough of			
			INSERT LOCAL BOROUGH NAME
SIGNATURE OF THE APPLICANT		DATE	

ETHNIC ORIGIN*

Tick the relevant box (a) WHITE	(b) BLACK OR BLACK BRITISH	(c) MIXED	(d) ASIAN OR ASIAN BRITISH	(e) OTHER ETHNIC GROUP
British/English/ Welsh/Scottish/ Northern Irish	Caribbean African	White/Black Caribbean White and Asian	Indian Pakistani	Arab
Irish Gypsy or Irish Traveller		White/Black African	Bangladeshi Chinese	
Any other White please write in above	Any other Black please write in above	Any other mixed please write in above	Any other Asian please write in above	Any other please write in above
I do not wish to sa	ay			

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 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.

Updated June 2018

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