

**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 for 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	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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 or 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 original certificate of entitlement or entitlement notice, dated within the last 6 months. If you cannot produce your certificate of entitlement, a replacement may be obtained from the Disability Benefits Agency at the Department for Work and Pensions (telephone: 08457 123456)

### War Pension Mobility Supplement

I enclose my original official letter of award.

If you cannot produce your letter of award, a replacement may be obtained from the Veterans Agency (telephone: 0800 169 2277)

### Registered Severely Visually Impaired or Blind

I enclose my original 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. This will enable your council to decide on the number of trips you should be allocated. If you do not complete the rest of the form it may result in your being allocated a lower level of trips.**

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**If you are not in receipt 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.**

### 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 Services 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)		

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If you want to find out whether specific schemes operate in your area please contact your 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 once 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 for your health/disability difficulties?


How long have you had this disability?   Years   Months

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


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?


## 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 in 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)

	metres or		yards
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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 walking frame Sometimes  Always

I use 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 or: details of a social services officer**

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

If there isn't a healthcare professional that we may contact but you have a Social Services 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

Job title (please tick)  
 Social Worker  Care Manager   
 Occupational Therapist

Other (please specify)

Other (please specify)

Title (Mr/Mrs/Miss/Ms/Other)
Name
Address
Postcode
Telephone

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/Other)	Name
Address	
Postcode	
Telephone	
Relationship to applicant	

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

Is this size ok?

Or would you prefer this size?

Braille

## 7 Proof of identity and residence

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

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

- |   |                          |   |
|---|--------------------------|---|
| Copy of photocard or paper driving licence                          | <input type="checkbox"/> |   |
| Copy of passport photo page (current or expired)                    | <input type="checkbox"/> |   |
| Copy of UK local residents' parking permit                          | <input type="checkbox"/> |   |
| Copy of birth certificate*  | <input type="checkbox"/> | * if you are married and changed your name, you cannot use your birth certificate |
| Copy of Marriage Certificate  | <input type="checkbox"/> |   |
| Copy of Asylum Registration Card or Standard Acknowledgement Letter | <input type="checkbox"/> |   |
| Copy of NHS Medical Card  | <input type="checkbox"/> |   |
| Copy of statutory declaration of change of name                     | <input type="checkbox"/> |   |

### B) Proof of residence

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

- |  |                          |
|--|--------------------------|
| Copy of council or housing association rent book                   | <input type="checkbox"/> |
| Copy of tenancy agreement  | <input type="checkbox"/> |
| Copy of television licence/exemption                               | <input type="checkbox"/> |
| Copy of home contents insurance document confirming current policy | <input type="checkbox"/> |
| Copy of benefits or pension book                                   | <input type="checkbox"/> |

**Or:** I enclose an **original** of **one** of the following current documents, showing my name and address (please tick one):

- |   |                          |
|---|--------------------------|
| Original council tax bill   | <input type="checkbox"/> |
| Original letter of entitlement of benefits or pension                                     | <input type="checkbox"/> |
| Original utility bill e.g. gas, electricity, phone, water, dated within the last 3 months | <input type="checkbox"/> |
| Original domiciliary care bill dated within the last three months                         | <input type="checkbox"/> |

The original proofs above will **not** be returned to you so you may wish to take a photocopy before sending them.

**C) Or:** I enclose an **original** certificate of entitlement to the Higher Rate Mobility component of the Disability Living Allowance **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 when it is 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 enquiries to verify your identification and residency.

**D) Photographs:** I also enclose one recent passport sized colour photograph of myself, (taken within the last six months) with my name printed on the back.

## 8 Ethnic monitoring

We consider all applications fairly regardless of applicants' sex, race, colour or religion. By monitoring the ethnicity of our service users, we can identify whether we are providing equal access to all groups of people. This section is optional and it will not affect the outcome of your application if you do not complete it. All information will be kept confidential in line with the Data Protection Act 1998.

Please tick the box which best describes your ethnic origin:

### A White

British

Irish

Any other White background (please specify):

### D Black or Black British

Caribbean

African

Any other Black background (please specify):

### B Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background (please specify):

### E Chinese

Chinese

### F Other

Any other ethnic group (please specify):

### C Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background (please specify):

## 9 Consultation and information

We may wish to consult with 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 London Councils 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 third parties will be contacted only with your consent.

London Councils and your local council are under a duty to protect the public funds they administer and may use the 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 on 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 authorise my healthcare professional, social services 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 parent 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 one passport-sized colour photograph with your name printed on the back?

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

If you have any enquiries about this application form, please contact:

London Councils

Transport and Environment Committee Taxicard

Telephone: 020 7934 9791 Fax: 020 7934 9699

Email: [taxicard@londoncouncils.gov.uk](mailto:taxicard@londoncouncils.gov.uk)

Website: [www.taxicard.org.uk](http://www.taxicard.org.uk) or [www.londoncouncils.gov.uk](http://www.londoncouncils.gov.uk)

Please return this form to:

London Councils Taxicard Section

59½ Southwark Street

London

SE1 0AL

For office use only:

Authorising Officer:

Signature:

Date:

Annual/Monthly Trip Allocation: