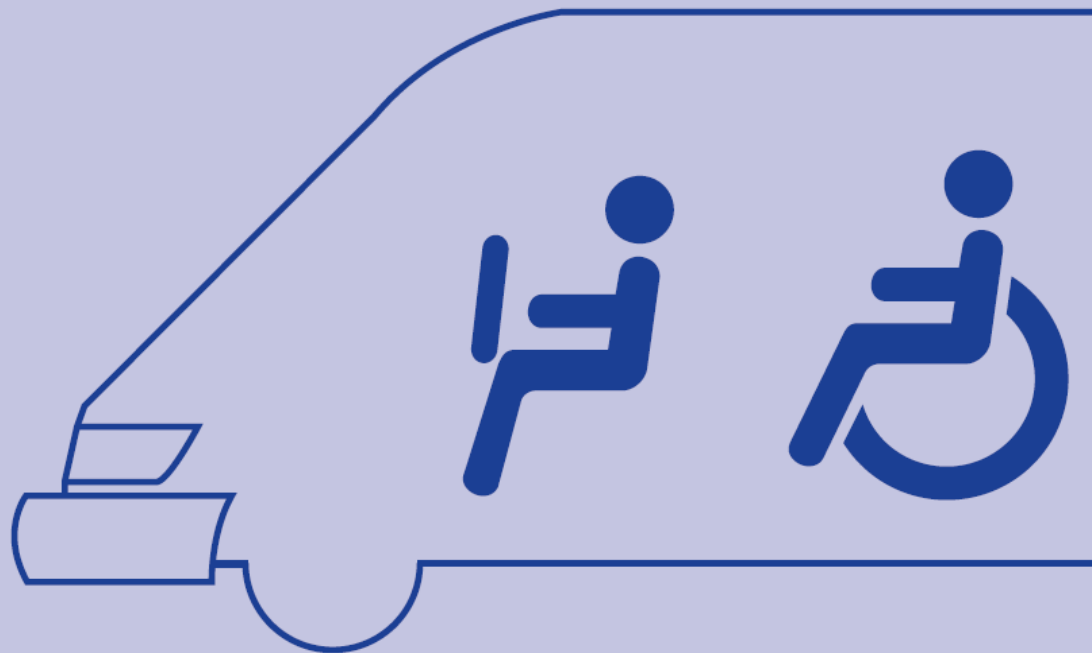


# DRAFT

For consultation purposes only.

## London Dial-a-Ride Application Form



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## Guidance on completing the form:

Dial-a-Ride is a door to door transport service for disabled people who cannot use buses, trams or the Tube, some or all of the time. This service is operated by London Buses Limited, which is an operating subsidiary of Transport for London (TfL). If you feel that you need the Dial-a-Ride service, you need to complete this application form and return it to the address shown on the back page.

- Please complete all areas that apply to you
- Write clearly in BLUE or BLACK INK, and in BLOCK CAPITALS
- If you are unable to complete the form yourself, or have difficulty in accessing a photocopier, please contact our membership team for advice or assistance on 0845 999 1 999 option 3. . Alternatively you can contact your local social services department of your local council for assistance.
- We aim to process all applications under automatic eligibility within 5 working days. If you do not qualify under the automatic criteria, your application may take up to 8 weeks, as we have to assess your eligibility. The more information you can provide us with your initial application in these circumstances, the quicker we will be able to process your application

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## Part one: Personal details of the applicant

This section is to be completed by all applicants. It will provide us with information to help us communicate with you about your application, and if your application is successful, about your Dial-a-Ride service.

Title Mr Mrs Miss Ms Other (please delete as appropriate)

Last name

First name(s)

--	--

Address

--

Postcode

--

Telephone:

Home

mobile

--

Email address

--

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## Alternative contact details

If you would like us to contact someone other than the person detailed above ( e.g for a child applying for membership and you would like contact about Dial-a-Ride to be addressed to the parent or guardian) please provide the details below.

Title Mr Mrs Miss Ms Other ( please delete as appropriate)

Last name

First name(s)

--	--

Address

--

Postcode

--

Telephone:

Home

mobile

--

Email address

--

Relationship to the applicant

--

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## Part 2. Assessment of eligibility

### 2a Automatic eligibility

This section is for people who are automatically eligible for the Dial-a-Ride service. You may be automatically eligible if one of the following criteria applies to you. **You will need to provide a photocopy of a relevant document to support your application:** e.g. your Taxicard; birth certificate; benefit or order book. You should tick all the boxes that apply to you, but you only need to provide evidence for one.

- Choose the one that is easiest for you to provide
- Tick all the appropriate boxes

I am a member of Taxicard   
My Taxicard number is .....

I receive Higher Rate Mobility Component of Disability Living Allowance

I am registered blind / partially sighted

I receive Higher Rate Attendance Allowance

I receive Mobility Supplement of War Pension

I am aged 85 or over

Don't forget to enclose a copy of a relevant document to support your application (see the following page)

**If you have been unable to complete this section, go to section 2b, which will give us information to allow us to assess your eligibility for the Dial-a-Ride service.**

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## Evidence of automatic eligibility

If you are applying under our automatic eligibility criteria, we will need the following evidence to support your application:

- If you are a current member of Taxicard, you will need a photocopy of a current Taxicard, showing your membership number
- If you are in receipt of Higher Rate Mobility Component of Disability Living Allowance, you will need to send us a photocopy of your certificate of entitlement, or entitlement notice. Dated within the last 6 months. Please note that the documentation you send must clearly show your name and address. *Replacement entitlement certificates can be obtained from the Disability Benefits Agency – telephone 08457 123456 and ask for form DBD 384*
- If you are registered blind or partially sighted, you will need to send us a photocopy of evidence of registration with your local authority, or a photocopy of your BD 8 or CVI. *Replacement evidence of registration can be obtained from your local authority.*
- If you are in receipt of Higher Rate Attendance Allowance, you will need to send us a photocopy of your certificate of entitlement, or entitlement notice dated within the last 6 months. Please note that the documentation you send must clearly show your name and address. *Replacement entitlement certificates can be obtained from the Disability Benefits Agency – telephone 08457 123456 and ask for form DBD 384*
- If you are in receipt of War Pension Mobility Supplement, you will need to send us a photocopy of your official letter of award. Please note that the documentation you send must clearly show your name and address. *A replacement letter of award can be obtained from the Veterans' Agency – telephone 0800 1692277.*
- If you are aged 85 or over and are applying under this criteria alone – you will need to send us a photocopy of your birth certificate ( and marriage certificate if you have changed your name) , passport or another official document or letter confirming your date of birth.

## How to obtain copies of relevant documents

Photocopying machines can usually be found at:

- Local libraries
- Local newsagents
- Local council 'one stop shop'

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## 2b. Non-automatic eligibility

This section is for people who are not automatically eligible for the Dial-a-Ride service and will be used by our trained assessors to assess your eligibility.

To support your application for Dial-a-Ride, we need some written proof from a Healthcare Professional that you have the mobility problems as described on your application form. We would like to ask you to include with your application form all of the following, or as many of these items as you can:

- Any documents related to your medical condition/history which can help your application
- If you take medication, a copy of a prescription for any medication you take
- Confirmation of your medical condition by your GP or consultant

### Your health and disability

Please describe any existing long term or disability that you live with and how it affects your mobility.


How long have you had this disability?

Years  Months

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?

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**Public Transport Services** Please indicate whether you use any of the following public transport services:

	Yes	No
Low floor buses	<input type="checkbox"/>	<input type="checkbox"/>
Trains	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	<input type="checkbox"/>

### Getting around outside

Are you able to stand? Yes  No

If you answered yes, do you have difficulty in standing? Yes  No

If you have difficulty in standing, 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

What stops you from walking further?

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Please give details below of a health care professional who knows about your mobility difficulties and who may be contacted for more information if necessary.

If there is not 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

Social worker

Care Manager

Other (please specify)

Title: Dr/Prof/Mr/Mrs/Miss/Ms/ Other.....

Name

Address

Postcode

Telephone

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## TO BE COMPLETED BY ALL APPLICANTS

### Section 3. Information about your mobility aids

If you are not applying under our automatic criteria this information will be used by our assessors to help determine your eligibility, alongside the information you have provided in Section 2a.

The information will also be used by Dial-a-Ride for all successful applicants to help us to take into account your personal accessibility needs when travelling with us.

	Yes always	Yes sometimes	Make and Model:	No
Will you be using:				
A manual wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
An electric wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
A scooter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

Are you reliant on someone else to push you in your wheelchair?

Yes

No

Does your wheelchair/ scooter have any non-standard features or attachments , or any other adaptations we might need to know about? Eg extended footrests, tray, oxygen bottle. Is the wheelchair/scooter particularly large or is it tailor made? Please give details

My wheelchair/scooter was recommended by:

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Do you weight more than 16st (103kgs)?      Yes       No

Will you be using a walking frame?      Yes always       Yes sometimes       No

Sticks or crutches?                 

My walking aid was recommended by:

Will you be travelling with a shopping trolley?      Yes always       Yes sometimes       No

Will you be travelling with a guide dog?                 

Can you get into a saloon car?      Yes       No

Can you get into a 'people carrier' style car?           

Can you get into a black cab?           

Is there any information about where you live that might help our drivers ( e.g. " I live on the 10<sup>th</sup> floor")?

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Is there any other information that you would like us to take into account when arranging your transport ?

**Emergency contact details:**

Is there someone we can contact on your behalf in case there is a problem with your journey and we are unable to contact you direct ( e.g. family member, friend, neighbour)

Contact Name

Telephone number

Home:

Mobile:

Relationship to you:

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## Your preferred means of communication

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 interpreter

I have speech impairment

English is not my first language and I need an interpreter (please specify language)

In what format would you prefer to receive information about the service?

Normal print

Large print

Audio tape

Audio CD

Braille

Email

( please ensure you have given us your email address on page x)

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## TO BE COMPLETED BY ALL APPLICANTS

### Proof of identity

You are required to provide proof of your identity to support your application.

Please enclose a photocopy of one of these documents (please tick)

Driving licence

Passport

Birth certificate\* ( if you are married and have changed your name, you cannot use your birth certificate)

Marriage certificate

Asylum registration card or standard acknowledgement letter

NHS medical card

Statutory declaration of change of name

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## Privacy Notice

Transport for London (TfL), its subsidiaries and service providers, will use your personal information for the purposes of customer services and administration (including assessing and reviewing your eligibility to receive the Dial a Ride service), the provision of travel related information, customer research and fraud prevention. By providing us with your personal data, including sensitive personal data such as on your health, you consent to the collection and use of any information you provide in accordance with the purposes listed above. Your personal information will be properly safeguarded and processed in accordance with the requirements of the Data Protection Act 1998.

In certain circumstances, TfL may also share your personal information with the police and other law enforcement agencies for the purposes of the prevention or detection of crime.

## Declaration

Please sign and date the following declaration:

I declare that the information given is true in all respects and that I am unable (or virtually unable) to use public transport services including buses, London Overground and Underground trains. Should any changes occur to my mobility needs I will inform Dial-a-Ride immediately.

Signed.....

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..... Date.....

Print name.....

Relationship to applicant.....

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## 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.

### Have you enclosed...

- Proof of automatic eligibility ( page x)

Or

- Proof from a healthcare professional ( e.g. your GP or consultant) that you have the mobility problems as described on your application form, any documents relating to your medical conditions and copies of any relevant prescriptions for medication (page x)
- Your proof of identity ( page x)?

**Have you signed the declaration on page x?**

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## Equal opportunities monitoring

Dial-a-Ride aims to provide its services in a fair and equal manner to all sections of the community. To help us with this, all applicants are asked to complete this form. The information you provide will only be used for the planning of services and under no circumstances will be reproduced in any way that enables you to be identified. This information will be separated from your application form on receipt and will not be used as part of the application process.

### Gender:

Male

Female

### Ethnicity:

Main ethnic group

Cultural background

**White**

British

Irish

Any other white background, please specify.....

**Mixed**

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background, please specify.....

**Asian or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian background, please specify.....

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Black or Black British

Caribbean

African

Any other Black background, please specify.....

Chinese or other Ethnic group

Chinese

Any other ethnic group, please specify.....

Prefer not to say

Please return to: London Dial-a-Ride,  
Progress House, 5 Mandela Way, London, SE1 5SS .

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