

Care first number:	Date agreed by: / /	Date refused: / /	For our use only
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Registering a disability application form (for physical disabilities and long-term illnesses)

You must fill in all parts of this form. If you fail to tick a box, the application process will be delayed while we ask you for more information.

Part 1: Your details

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
First name:
Last name:

Address and postcode:
Phone number:

Date of birth (DD/MM/YY)			
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The Disabled Person's Travel Permit is available to all eligible people no matter what their sex, race or ethnic background. To help us make sure that this service reaches all groups within the community, please tick the box below that best describes your ethnic background. We will treat this information confidentially and it will not affect your application.

African Caribbean <input type="checkbox"/>	Black British <input type="checkbox"/>	Kurdish <input type="checkbox"/>
African north <input type="checkbox"/>	Chinese <input type="checkbox"/>	Pakistani <input type="checkbox"/>
African central <input type="checkbox"/>	Greek Cypriot <input type="checkbox"/>	Traveller <input type="checkbox"/>
African east <input type="checkbox"/>	Greek mainland <input type="checkbox"/>	Turkish Cypriot <input type="checkbox"/>
African southern <input type="checkbox"/>	Indian <input type="checkbox"/>	Turkish mainland <input type="checkbox"/>
African west <input type="checkbox"/>	Irish <input type="checkbox"/>	Vietnamese <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	Jewish <input type="checkbox"/>	White British <input type="checkbox"/>
Don't want to say <input type="checkbox"/>	Jewish Orthodox <input type="checkbox"/>	Other _____
Don't know <input type="checkbox"/>		

Part 2: Disability

What is your disability?

How long have you had the condition?

Please describe in as much detail as possible how your condition affects your ability to travel.

If you have any of the following, please tick the appropriate box or boxes.

Blue Car Badge Taxicard Freedom Pass

Please give us the details of your GP or consultant who is familiar with your medical history, as we will make a decision based on the information he or she provides.

GP's or consultant's name:

Address and postcode:

Part 3: Getting around outdoors

Do you use any mobility aids to help you walk outdoors?

Yes No If 'Yes', please give details.

Can you use buses, trains and the Underground? Yes No

How far can you usually walk comfortably?

_____ steps / _____ yards / _____ metres

How long does it take you to walk this far?

Does the distance you are able to walk vary? Yes No .

If you need someone to help you when travelling, please explain why.

Are there any other issues relating to your mobility that you would like us to be aware of when assessing your application? Yes No
If 'Yes', please give details.

Part 4: Declaration

I confirm that, as far as I know, the details I have given on this form are true and accurate.

I accept that you may make further enquiries to check that the details provided are true.

If I am claiming automatic entitlement, I have provided the proof asked for in part 3.

Signature:

Date:

You must fill in all sections of your application as fully as possible. If you don't, your assessment may be delayed. Please post your filled-in application form to:

The Access Team
Hackney Social Services
205 Morning Lane
E9 6JX.

Please tick the appropriate box to show what format you would like information about registering a disability in.

Braille

Large text

Audio tape

Please then fill in your details and return to the address below.

If you would like to find out what this document says please put a tick in the box and put your name, address and phone number at the bottom of this page and return it to the address below.

Bu belgenin içeriğinin açıklamasını istiyorsanız lütfen bu kutuyu işaretleyin, adınızı, adresinizi ve telefon numaranızı bu sayfanın altındaki boş yerlere yazın, ve sayfayı aşağıdaki adrese gönderin. (Turkish)

Haddii aad jeceshahay in aad ogaato waxa warqadan laguugu sheegaayo, Fadlan waxa aad calaamadisaa Sanduuqan oo waxa aad Magacaaga, Adirayskaaga iyo Telifoon Lambarkaaga aad ku qortaa xagga hoose ee boggan, oo ku soo celi markaa Adirayskan xagga hoose ku qoran. (Somali)

如果你想知道這份文件的詳細內容，請在格子里 剔一下。在本頁下面寫下你的名字，地址和電話號碼并寄到下面的地址。(Chinese)

Nếu quý vị muốn tìm hiểu tài liệu này nói điều gì xin đánh dấu vào ô và ghi tên, địa chỉ và số điện thoại của quý vị vào cuối trang này và gửi về địa chỉ dưới đây. (Vietnamese)

এই দলিলে কি লেখা আছে সে সম্পর্কে যদি আপনি জানতে চান অনুগ্রহ করে সাথের বাক্সে টিক দিন। তারপর পাতাটির নিচে আপনার নাম, ঠিকানা এবং টেলিফোন নাম্বার লিখে নিম্নলিখিত ঠিকানায় ফেরৎ পাঠান। (Bengali)

જો તમને આ દસ્તાવેજ શું જણાવે છે તે વિષે માહિતી જોઈતી હોય તો મહેરબાની કરીને બોક્સમાં નિશાની કરી અને આ પાનાના અંતમાં તમારું નામ, સરનામું અને ટેલિફોન નંબર આપી અને તેને નીચે સરનામે રવાના કરશો. (Gujerati)

ਜੇ ਤੁਸੀਂ ਜਾਣਨਾ ਚਾਹੁੰਦੇ ਹੋ ਕਿ ਇਹ ਦਸਤਾਵੇਜ਼ ਕੀ ਕਹਿੰਦਾ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਖਾਨੇ ਵਿਚ ਠੀਕਾ ਮਾਰੋ ਅਤੇ ਆਪਣਾ ਨਾਂ, ਪਤਾ ਅਤੇ ਫੋਨ ਨੰਬਰ ਇਸ ਖੰਨੇ ਦੇ ਬੱਲੇ ਲਿਖੋ ਅਤੇ ਇਸ ਨੂੰ ਹੇਠ ਦਿੱਤੇ ਪਤੇ 'ਤੇ ਵਾਪਸ ਭੇਜ ਦਿਓ। (Punjabi)

Si vous désirez connaître le contenu de ce document, veuillez cocher la case et indiquer votre nom, adresse et numéro de téléphone au bas de cette page et la renvoyer à l'adresse indiquée ci-dessous: (Français)

Si desea saber de lo que trata este documento, ponga una señal en el recuadro y escriba su nombre, dirección y número de teléfono al final de esta página y envíela a la dirección que se indica abajo. (Spanish)

اگر آپ یہ جاننا چاہتے ہیں کہ دستاویز میں کیا لکھا ہے تو ازراہ کرم باکس میں ایک صحیح نشان لگائیے اور اپنا نام، پتہ اور فون نمبر اس صفحہ کے نیچے لکھیں اور اسے نیچے دیئے گئے پتے پر واپس بھیج دیجئے۔ (Urdu)

Return to: The Access Team, Hackney Social Services, 205 Morning Lane, London, E9 6JX.

Name:

Address and postcode:

Phone: