

Have your say

Disabled Persons Freedom Pass Questionnaire

Please complete using block capitals.
It is important that you read the accompanying instructions.

Introduction

Barnet Council is improving the way new applicants and existing Disabled Persons Freedom Pass holders are assessed to see if they qualify for a pass. This will mean a better quality, and more effective service is delivered for all our users.

We are making improvements to the way that we:

- assess if someone qualifies for a Disabled Persons Freedom Pass, and
- the way that people can apply for a Disabled Persons Freedom Pass.

Our proposals include:

- more ways to provide evidence to support your application
- looking at the ways you can apply for a Disabled Persons Freedom Pass, and
- making documents more accessible for all users.

For more information on our proposals please take the time to read our consultation document and then complete this short questionnaire. It should only take about ten minutes of your time.

We are keen to hear from you as your views and opinions are important to us and will help us to make the right decisions. The council will take into account your responses before a final decision is made by Policy and Resources Committee on 1 December 2016.

Please share your views by completing the following questionnaire and returning it in the reply paid envelope.

Before completing this survey

Please read the information in this booklet in full before answering questionnaire. You can visit engage.barnet.gov.uk or you can email: fpfeedback@barnet.gov.uk for further information.

If you require this questionnaire in a different format or language, or you would like someone to help you to complete the questionnaire on your behalf, please contact the team on tel: 020 8359 5460 or email: fpfeedback@barnet.gov.uk

**Thank you for considering to take the time to complete this survey.
The consultation period will run until 4 November 2016.**

Instructions

The survey has been designed to make it as easy as possible for you to fill in. Most questions only require you to tick one box. The following guide describes the other instructions you may encounter.

Go to Q	Go to the question number indicated. This may mean you miss out one or more questions, or even the rest of the section, but these questions are probably not relevant to you.
Tick all that apply	Here you may tick as many boxes as you want.
Tick one box on each row	Tick one box in the series of boxes going across each row.
Tick one box in each column	Tick one box in the series of boxes going down each column.
Other <input type="checkbox"/> Write in...	If you tick 'other', write your own answer in the space provided.

Please check that you have answered all the questions that apply to you.

If you tick the wrong box by mistake, please cross it out completely and then tick the right box.

Confidentiality

To ensure personal information about you is secure, all of your answers will be treated in the strictest confidence, and will be stored securely in an anonymous format.

Please be assured all your answers will be stored in accordance with our responsibilities under the Data Protection Act 1998. The responses under the 'About You' section will only be used by the London Borough of Barnet to review what different sections of the community think of our plans'

Unless you are responding on behalf of an organisation, you do not have to give us your name and you will not be personally identified.

Section 1: Proposed ways to qualify for a Disabled Persons Freedom Pass

There are no proposed changes to the categories of the recognised disabilities because these categories are as stipulated by the government legislation.

A list of the recognised disabilities can be found on page 6 of the consultation document. However, we are proposing to increase the types of evidence accepted by the council as proof that you qualify for a Disabled Persons Freedom Pass. A table showing the evidence we currently accept and what we propose to accept can be found on pages 6-7 of our consultation document.

It is important you read this document as this will assist you in answering the questionnaire. However, throughout this questionnaire we have also provided detail information about our proposals.

We would first like to know your views on the proposed changes to the types of evidence accepted by the council as proof that you qualify for a Disabled Persons Freedom Pass.

The following questions will ask whether you support or oppose the proposed additional evidence we are going to accept to assess applicants for each of the seven recognised disabilities.

If you do not know the answer to a question or have no opinion please tick, 'don't know/not applicable'.

Category a: 'is blind or partially sighted'

To assess whether someone qualifies for a Disabled Persons Freedom Pass under this criteria, we propose to accept the following evidence:

- BD8 certificate, or
- Certificate of Visual Impairment (CVI), or
- Barnet Social Care Direct registration number.

A table showing the evidence we currently accept and what we propose to accept can be found on pages 6 and 7 of our consultation document.

1. To what extent do you support or oppose the proposed changes for the evidence required for a person with a disability under this category? (Please tick **one** box only)

Strongly support	Tend to support	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know/ Not applicable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Please state your reasons, including whether you think there is other evidence we should accept (please specify below)					
<div style="border: 1px solid black; height: 40px;"></div>					

Category b: ‘is profoundly or severely deaf’

To assess whether someone qualifies for a Disabled Persons Freedom Pass under this criteria, we propose to accept the following evidence:

- Recent audiology report which states a severe hearing loss of 70-95 dB HL (Hearing Level) and a profound loss of 95+ dB HL, or
- Recent audiogram which states a severe hearing loss of 70-95 dB HL (Hearing Level) and a profound loss of 95+ dB HL, or
- Barnet Social Care Direct registration number.

A table showing the evidence we currently accept and what we propose to accept can be found on pages 6 and 7 of our consultation document.

2. To what extent do you support or oppose the proposed changes for the evidence required for a person with a disability under this category? (Please tick **one** box only)

Strongly support	Tend to support	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know/ Not applicable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Please state your reasons, including whether you think there is other evidence we should accept (please specify below)					

Category c: ‘is without speech’

To assess whether someone qualifies for a Disabled Persons Freedom Pass under this criteria, we propose to accept the following evidence:

- Recent Personal Independence Payments (PIP) award letter scoring 8 points or more for ‘Communicating Verbally’, or
- Recent Medical Evidence from a Speech Therapist.

A table showing the evidence we currently accept and what we propose to accept can be found on pages 6 and 7 of our consultation document.

3. To what extent do you support or oppose the proposed changes for the evidence required for a person with a disability under this category? (Please tick **one** box only)

Strongly support	Tend to support	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know/ Not applicable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Please state your reasons, including whether you think there is other evidence we should accept (please specify below)					

Category d: ‘has a disability, or has suffered an injury, which has a substantial and long-term adverse effect on his ability to walk’

To assess whether someone qualifies for a Disabled Persons Freedom Pass under this criteria, we propose to accept the following evidence:

- Recent Personal Independence Payment (PIP) award letter stating an award of eight points or more for the ‘Moving Around’, or
- Recent Higher Rate Mobility Component of Disability Living Allowance (HRMCDLA) award letter, or
- Recent War Pensioners Mobility Supplement (WPMS) award letter, or
- Mobility assessment by LBB’s Independent Medical Assessor (if Desk Based Assessment returns a score of 8-9 points).

A table showing the evidence we currently accept and what we propose to accept can be found on pages 6 and 7 of our consultation document.

4. To what extent do you support or oppose the proposed changes for the evidence required for a person with a disability under this category? (Please tick **one** box only)

Strongly support	Tend to support	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know/ Not applicable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Please state your reasons, including whether you think there is other evidence we should accept (please specify below)					

Category e: ‘does not have arms or has long-term loss of the use of both arms’

To assess whether someone qualifies for a Disabled Persons Freedom Pass under this criteria, we propose to accept the following evidence:

- Medical Evidence from an applicant’s GP demonstrating:
 - Loss of both arms, or
 - Impairment resulting in loss of use of both arms, or
 - Deformity of both arms resulting in being unable to carry out day-to-day tasks.

A table showing the evidence we currently accept and what we propose to accept can be found on pages 6 and 7 of our consultation document.

5. To what extent do you support or oppose the proposed changes for the evidence required for a person with a disability under this category? (Please tick **one** box only)

Strongly support	Tend to support	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know/ Not applicable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Please state your reasons, including whether you think there is other evidence we should accept (please specify below)					

Category f: ‘has a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning’

A learning disability is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life.

To assess whether someone qualifies for a Disabled Persons Freedom Pass under this criteria, we propose to accept the following evidence:

- Provide proof of accepted registration with the Barnet Learning Disabilities Services (BLDS), or
- Receiving Services from Barnet Learning Disabilities Services, or
- Recent Clinical Psychological/Psychiatrist Assessment Report, or
- Current Educational Health Care Plan (EHCP) with relevant assessment/Education statement, or
- Receiving benefits relating to their disability.

A table showing the evidence we currently accept and what we propose to accept can be found on pages 6 and 7 of our consultation document.

6. To what extent do you support or oppose the proposed changes for the evidence required for a person with a disability under this category? (Please tick **one** box only)

Strongly support	Tend to support	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know/ Not applicable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Please state your reasons, including whether you think there is other evidence we should accept (please specify below)					

Category g: ‘would, if he applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, have his application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the ground of persistent misuse of drugs or alcohol’

To assess whether someone qualifies for a Disabled Persons Freedom Pass under this criteria, we propose to accept the following evidence:

- Refusal or revocation letter from DVLA, or
- Recent medical evidence of:
 - i. Epilepsy, or
 - ii. Severe mental disorder, or
 - iii. Sudden attacks of fainting, or
 - iv. Inability to read a registration plate at 20.5 metres even with lenses, or
 - v. Other disabilities which are likely to cause the driving of vehicles by them to be a source of danger to the public, or
- ‘Supporting Information Request Form’ completed by a specialist, or
- Evidence of contact with mental health professional in relationship to a mental health diagnosis which has a significant impact on their wellbeing, or
- Subject to Current Mental Health Care Programme Approach, or
- Evidence of receiving benefits such as DLA OR PIP relating to their disability.

A table showing the evidence we currently accept and what we propose to accept can be found on pages 6 and 7 of our consultation document.

7. To what extent do you support or oppose the proposed changes for the evidence required for a person with a disability under this category? (Please tick **one** box only)

Strongly support	Tend to support	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know/ Not applicable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Please state your reasons, including whether you think there is other evidence we should accept (please specify below)					

8. Do you think we have missed any evidence which should be included in the eligibility for Disabled Persons Freedom Passes? (Please tick **one** option only)

Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2	Don't know/Not sure <input type="checkbox"/> 3
If you answered ‘Yes’, please state the reasons (please specify below)		

9. To what extent do you support or oppose the proposed changes for the evidence required for a person with a disability under this category? (Please tick **one** box only)

Strong positive impact	Some positive impact	No impact	Some negative impact	Strong negative impact	Don't know/ Not applicable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
If you feel it will have a negative impact to you, please give reasons (please specify below)					

10. How would you prefer to submit evidence to the council of your recognised disability? (Please tick **one** box only)

Online	<input type="checkbox"/> 1	Don't know/Not sure	<input type="checkbox"/> 6
Email	<input type="checkbox"/> 2	Other (please specify below)	<input type="checkbox"/> 7
Post	<input type="checkbox"/> 3		
In person	<input type="checkbox"/> 4		
Would never apply for Disabled Persons Freedom Pass	<input type="checkbox"/> 5 go to Q14		

11. If you needed help to complete a form, who would help you? (Please tick all that apply)

Family	<input type="checkbox"/> 1	Third sector organisation/Voluntary organisation	<input type="checkbox"/> 7
Friends	<input type="checkbox"/> 2	Would not need help	<input type="checkbox"/> 8
Neighbour	<input type="checkbox"/> 3	Don't know/Not sure	<input type="checkbox"/> 9
Carer	<input type="checkbox"/> 4	Other (please specify below)	<input type="checkbox"/> 10
School, college or employer	<input type="checkbox"/> 5		
Citizens Advice	<input type="checkbox"/> 6		

12. To what extent do you support or oppose the proposed changes for the evidence required for a person with a disability under this category? (Please tick **one** box only)

A lot of support	Some support	A little support	None	Don't know/ Not sure	Not applicable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Section 2: About you

We want to understand how any changes to Disabled Persons Freedom Passes may impact you.

This means we would like to know whether any changes would directly affect you as a user, or if it may affect you with the support you offer to a user. It will help us to understand the needs of our Disabled Persons Freedom Pass holders and their support networks.

13. To help us understand the feedback you give us, please tick the most appropriate box

(Please tick **one** box only)

I currently hold a Disabled Persons Freedom Pass	<input type="checkbox"/> 1	Go to Q18	
I currently hold an Older Persons Freedom Pass	<input type="checkbox"/> 2	Go to Q21	
I would like to apply for a Freedom Pass	<input type="checkbox"/> 3	Go to Q18	
I am a relative, carer or friend of someone who uses a Freedom Pass and always help completing forms	<input type="checkbox"/> 4	Go to Q18	
I am a relative, carer or friend of someone who uses a Freedom Pass	<input type="checkbox"/> 5	Go to Q21	
My job involves work with Freedom Pass users in Barnet	<input type="checkbox"/> 6	Go to Q16	
I am a Barnet resident and interested in Freedom Passes for other reasons	<input type="checkbox"/> 7	Go to Q16	
Representing a voluntary/community organisation	<input type="checkbox"/> 8	Go to Q16	
Representing a public sector organisation	<input type="checkbox"/> 9	Go to Q16	
Other (please specify below)	<input type="checkbox"/> 10	Go to Q18	

14. Please specify the type of stakeholders or residents your community group or voluntary organisation represents: (Please write in your answer)

15. Please specify the type of public sector organisation you are representing:

(Please write in your answer)

**If you are representing a community group or voluntary organisation
please go to the end of the questionnaire**

Section 3: Disabled Persons Freedom Pass Users

We want to understand how the Freedom Pass process works for you and how a Freedom Pass assists you with your independence.

This means we would like to know the main use of your Freedom Pass, the way you have applied for your pass and if there is additional support or guidance the Council could offer to help with you the whole Freedom Pass process.

This will help us to understand the needs of our Disabled Persons Freedom Pass holders and their support networks.

16. What do you use your Freedom Pass for most often? (Please tick **one** box only)

Travelling to...	
work	<input type="checkbox"/> 1
school	<input type="checkbox"/> 2
care centre	<input type="checkbox"/> 3
social club (for example, youth club)	<input type="checkbox"/> 4
hospital, GP or other medical practice	<input type="checkbox"/> 5
visit friends or family or other social visit	<input type="checkbox"/> 6
Other (please specify below)	<input type="checkbox"/> 7

Section 4: Disabled Persons Freedom Pass Users



We would like to know the way you would apply for or renew your Freedom Pass.

We propose to improve and expand the information and online services available on our website to try and make the process as easy for users as possible.

17. Do you think we have missed any evidence which should be included in the eligibility for Disabled Persons Freedom Passes? (Please tick **one** option only)

Online	<input type="checkbox"/> 1	Go to Q21	Paper	<input type="checkbox"/> 2	Other (please specify below)	<input type="checkbox"/> 3
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18. To help us understand the feedback you give us, please tick the most appropriate box

(Please tick **one** box only)

No access to the internet	<input type="checkbox"/> 1
No computer	<input type="checkbox"/> 2
Prefer to use paper	<input type="checkbox"/> 3
Form is hard to read online	<input type="checkbox"/> 4
Form is hard to fill out online	<input type="checkbox"/> 5
Prefer to have a copy of your documents to file	<input type="checkbox"/> 6
Require an alternative format	<input type="checkbox"/> 7
Other (please specify below)	<input type="checkbox"/> 8

Section 5: Diversity monitoring

Barnet Council is required by law, under the Equality Act 2010, to pay due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups.

One way we do this is to assess the impact of our services and practices on different groups.

The information collected here will help the council to ensure that our policies and services are fair and accessible, to assess the impact of policies, services and decisions on people with the protected characteristics covered by the Act, and to demonstrate compliance with the law.

To assist us in complying with our duty under the Equality Act 2010, in this section of the survey we ask you some personal questions, which we encourage you to complete. Collecting this information helps us understand the needs of our different communities.

Please be assured that all the answers you provide will be treated in the strictest confidence and will be stored securely in an anonymous format. All information will be stored in accordance with our responsibilities under the Data Protection Act 1998.

For the purposes of this survey we are asking all nine of the protected characteristics included in the Equality Act 2010.

19. Are you male or female? (Please tick **one** box only)

Male	<input type="checkbox"/> 1 Go to Q23	Female	<input type="checkbox"/> 2	Prefer not to say	<input type="checkbox"/> 3 Go to Q23
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Females only: Pregnant and on maternity leave

As part of the Equality Act 2010 the council has a statutory requirement to collect information in relation to 'protected characteristics' which includes information on women who are pregnant and on maternity leave. Answering the next question will assist us in meeting our legal obligations. It will also help us understand the different needs of our communities.

20. Are you pregnant and/or on maternity leave? (Please tick **one** box on each row)

	Yes	No	Prefer not to say
I am pregnant	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
I am currently on maternity leave	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

As part of the Equality Act 2010 the council has a statutory requirement to collect information and pay due regard in relation to 'protected characteristics' which includes gender re-assignment. Answering the next question will assist us in meeting our legal obligations. It will also help us understand the different needs of our communities.

21. Is your gender identity the same as the gender you were assigned at birth?

(Please tick **one** box only)

Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 2	Prefer not to say	<input type="checkbox"/> 3
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22. What is your age group? (Please tick **one** box only)

16 – 17	<input type="checkbox"/> 1	46 – 50	<input type="checkbox"/> 7
18 – 25	<input type="checkbox"/> 2	51 – 55	<input type="checkbox"/> 8
26 – 30	<input type="checkbox"/> 3	56 – 60	<input type="checkbox"/> 9
31 – 35	<input type="checkbox"/> 4	61 and over	<input type="checkbox"/> 10
36 – 40	<input type="checkbox"/> 5	Prefer not to say	<input type="checkbox"/> 11
41 – 45	<input type="checkbox"/> 6		

23. What is your ethnic origin? (Please tick **one** box only)

Asian or Asian British		White	
Bangladeshi	<input type="checkbox"/> 1	British	<input type="checkbox"/> 13
Chinese	<input type="checkbox"/> 2	Greek/Greek Cypriot	<input type="checkbox"/> 14
Indian	<input type="checkbox"/> 3	Gypsy or Irish Traveller	<input type="checkbox"/> 15
Pakistani	<input type="checkbox"/> 4	Irish	<input type="checkbox"/> 16
Any other Asian background (please specify below)	<input type="checkbox"/> 5	Turkish/Turkish Cypriot	<input type="checkbox"/> 17
<input type="text"/>		Any other White background (please specify below)	<input type="checkbox"/> 18
		<input type="text"/>	
Black or Black British		Other ethnic groups	
African	<input type="checkbox"/> 6	Arab	<input type="checkbox"/> 19
Caribbean	<input type="checkbox"/> 7	Other ethnic group (please specify below)	<input type="checkbox"/> 20
Any other Black /African/Caribbean (please specify below)	<input type="checkbox"/> 8	<input type="text"/>	
<input type="text"/>		Prefer not to say	<input type="checkbox"/> 21
Mixed			
White and Asian	<input type="checkbox"/> 9		
White and Black African	<input type="checkbox"/> 10		
White and Black Caribbean	<input type="checkbox"/> 11		
Any other Mixed/Multiple ethnic background (please specify below)	<input type="checkbox"/> 12		
<input type="text"/>			

Disability

The Equality Act 2010 defines disability as ‘a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’.

In this definition, long- term means more than 12 months and would cover long-term illness such as cancer and HIV or mental health problems.

24. Do you consider that you have a disability as outlined above?

(Please tick **one** box only, if you answer ‘yes’, please select the definition(s) from the list below that best describes your disability/disabilities).

Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 2	Prefer not to say	<input type="checkbox"/> 3 Go to Q27	
Hearing (such as deaf, partially deaf or hard of hearing)		<input type="checkbox"/> 4		Severe Disfigurement		<input type="checkbox"/> 9
Vision (such as blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glasses/contact lenses)		<input type="checkbox"/> 5		Learning Difficulties (such as dyslexia)		<input type="checkbox"/> 10
Speech (such as impairments that can cause communication problems)		<input type="checkbox"/> 6		Mental Illness (substantial and lasting more than a year, such as severe depression or psychoses)		<input type="checkbox"/> 11
Mobility (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis)		<input type="checkbox"/> 7		Physical Co-ordination (such as manual dexterity, muscular control, cerebral palsy)		<input type="checkbox"/> 12
Reduced Physical Capacity (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath energy or stamina, asthma, angina or diabetes)		<input type="checkbox"/> 8		Other disability (please specify below)		<input type="checkbox"/> 13
				<input type="text"/>		
				Prefer not to say		<input type="checkbox"/> 14

25. What is your religion or belief? (Please tick **one** box only)

Agnostic	<input type="checkbox"/> 1	Jewish	<input type="checkbox"/> 9
Atheist	<input type="checkbox"/> 2	Muslim	<input type="checkbox"/> 10
Baha'i	<input type="checkbox"/> 3	Sikh	<input type="checkbox"/> 11
Buddhist	<input type="checkbox"/> 4	No religion	<input type="checkbox"/> 12
Christian	<input type="checkbox"/> 5	Other religion/belief (please specify below)	<input type="checkbox"/> 13
Hindu	<input type="checkbox"/> 6	<input type="text"/>	
Humanist	<input type="checkbox"/> 7		
Jain	<input type="checkbox"/> 8	Prefer not to say	<input type="checkbox"/> 14

26. What is your sexual orientation? (Please tick **one** box only)

Bisexual	<input type="checkbox"/>	1
Gay	<input type="checkbox"/>	2
Heterosexual	<input type="checkbox"/>	3

Lesbian	<input type="checkbox"/>	4
Prefer not to say	<input type="checkbox"/>	5

27. In addition, if you prefer to define your sexuality in terms other than those used above, please let us know below? (Please write in your answer)

**Thank you for taking the time to complete this survey.
Please return in the enclosed reply paid envelope provided by 4 November 2016.**

 you would like to take part in a working user group for further input into improvements to the Disabled Persons Freedom Pass process, please provide your details to the team by contacting us on:
tel: 020 8359 5460 email: fpfeedback@barnet.gov.uk