



APPLICATION FORM AND DETAILS

What is a Taxicard?

A Taxicard allows the holder to make taxi journeys at a reduced rate. The Taxicard scheme is designed to help disabled people get about by making taxi journeys cheaper. It's available to Edinburgh residents with a severe, permanent disability who can't use ordinary buses or can only use buses with assistance. Children under two years old and people with temporary mobility difficulties are not eligible for a Taxicard.

How does a Taxicard work?

Taxicard holders pay a flat rate fare of £2.00 for every journey made under the scheme – as long as the total amount on the taxi's meter is no more than £5.00 (that is £5.00 including any extras for additional passengers, luggage etc.) When the fare comes to more than £5.00 the Taxicard holder pays the flat rate plus the amount over £5.00.

Example 1	Fare on taxi meter	£4.50
	Taxicard holder pays	£2.00 (flat rate)
Example 2	Fare on taxi meter	£6.00
	Taxicard holder pays	£3.00*

*£2.00 flat rate plus £1.00, (the amount over £5.00)

When can a Taxicard be used?

You can use your Taxicard for any journey, for example: a trip to the shops, visiting friends or going to classes. It's valid day and night, seven days a week, 365 days a year.

Taxicard holders can make up to 104 taxi journeys a year (that's equivalent to one return journey a week). After each Taxicard journey, please keep the yellow receipt issued by the taxi driver. This will help you keep a note of all your Taxicard journeys so you won't go over your allowance of 104 trips.

Which taxi company accept Taxicards?

Your Taxicard can only be used with Central Taxis

How do I apply for a Taxicard?

If you think you may be eligible, fill in **sections A and B** of the application form opposite, including the doctor's consent section and signature box. Then:

- If you are in touch with one of the agencies listed in **section C** ask the appropriate agency to fill in this section. (This is used to verify your application, but does not guarantee eligibility).
Please do NOT ask your doctor to fill out section C.
- You must also make sure you have signed the declaration in **section D** and have enclosed two passport sized photographs of yourself (signed on the back) with your application.

Checklist

Before you post your application, have you:

1. Signed the consent section in **section A**
2. Given all the information we need in **section A and B**
3. Asked your support worker (if you have one) to complete **section C**
4. Signed the declaration in **section D**
5. Enclosed two passport photographs of yourself (signed on the back).
6. Enclosed a cheque or postal order for £20 made payable to the City of Edinburgh Council

If you have done everything listed above, please send your completed application form, payment and photographs to:

Travel Concessions, FREEPOST EH242, Edinburgh, EH1 0AH. (No stamp needed). Please mark the envelope **Private and Confidential**.

Your application may take some time to process, but we will deal with it as quickly as we can. If you have problems completing this form, please telephone this number: 0131 469 3891

Conditions of use

1. The Taxicard is issued on the understanding that it is for personal use and is not transferable
2. The Taxicard remains the property of Travel Concessions.
3. If your circumstances change in a way that affects your entitlement to use the scheme, (for example, if your mobility improves so that you can use buses, or if you move out of the area), the Taxicard must be returned to Travel Concessions immediately.
4. If your Taxicard is lost or stolen, you must inform Travel Concessions in writing and enclose a passport size photograph and a cheque or postal order for £10.

Please note that failure to abide by the Conditions of Use may result in the withdrawal of the Taxicard.

Travel Concessions is registered under the Data Protection Act and applicants may have access to their records under its terms.



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You can get this document on tape, in Braille, **large print** and various computer formats if you ask us. Please contact Interpretation and Translation Service (ITS) on 0131 242 8181 and quote reference number 17-2078. ITS can also give information on community language translations. You can get more copies of this document by calling (0131) 469 3891.



TAXICARD APPLICATION FORM

Section A – to be completed by the applicant

Surname:

Title:

First names:

Permanent address:

Postcode:

Telephone:

Date of Birth:

Email:

All applicants: please complete the consent section below.

I _____ (your name)

Doctor:

Surgery address:

To Travel Concessions in respect of my Taxicard application

Section B

Do you use a wheelchair when you go out? (tick appropriate box)

Yes

No

Please tick only **one** of the boxes below and give a brief explanation (*add extra sheets if necessary*)

I cannot use ordinary buses at all

☐

I can use buses, but only with assistance

☐

I can use buses unaided, but with difficulty

☐

I can use buses generally

☐

Please give a brief explanation:

Section C

If you currently receive a service from any of the following agencies ask one of them to complete the section below. **Do not ask your doctor to sign section C.**

Social Worker
Home Care Organiser
Occupational Therapist
Handicabs

*Health and
Social Care
Department*

Occupational Therapist
District/Community Nurse
Health Visitor
Royal National Institute for the Blind

*Health
Board*

To be completed by approved agencies only (see list above)

"I confirm that to the best of my knowledge the information given by:

(applicant's name) is correct.

In my opinion the applicant can use buses
not at all / only with assistance / unaided / without difficulty **(delete three of these)**

Signed _____ Date _____

Position

Organisations

Address

Official stamp

Telephone

THIS FORM SHOULD NOT BE PRESENTED TO YOUR DOCTOR – IF REQUIRED, WE WILL CONTACT YOUR DOCTOR DIRECTLY.

Section D

Please read the declaration below, then sign and date the form where shown.

Please make sure that you enclose your photographs and payment
(see the checklist on page 2)

"I declare that the information I have given is correct, to the best of my knowledge, and I agree to the Conditions of Use as set out on page 2"

Signature _____ Date _____

For office use only

Rec In

Sig out

No Ph out

DR/L out

GP/L out

Rej 1 out

Resub in

Rej 2 out

App in

Iss out