

## APPLICATION FOR FRONTIER PASS

Name..... D.O.B.....

Address.....

Telephone No..... Email.....

School (if applicant is below the age of 18) .....

Diagnosis:

How does the applicant's disability affect  
them on a day-to-day basis?

What challenges could be experienced if  
the applicant was subjected to waiting in  
a queue?

Maximum time that the applicant could  
wait in a queue?

What challenges could be experienced  
by the applicant travelling in a vehicle?

Maximum time that the applicant could  
travel in a vehicle?

**Declaration (to be completed by all applicants)**

**I declare that to the best of my belief the information I have given is correct and agree to the Supported Needs and Disability Office liaising with GHA and accessing my GHA medical records for the purpose of obtaining information relating to this application.**

**I also consent to the Supported Needs and Disability Office disclosing the particulars contained in this form to the Licensing Authority.**

**Signed:**

**Dated:**

**Please Attach the Following**

- ☐ **Passport photograph with name clearly printed on the back**
- ☐ **Medical letter (dated within last six months) confirming diagnosis/needs only if you do not use the GHA and attend private medical practice instead**

Doctor's Signature.....Date.....

**For Official Use Only**

**A Frontier Pass should be issued for a period of**

**Further assessment is needed** ☐

**A Frontier Pass should not be issued** ☐

**Signed:**

**Dated:**