



APPLICATION FOR FRONTIER PASS

NameD.O.B.....

Address.....

Telephone No Email.....

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?

Supported Needs and Disability Office

HM Government of Gibraltar • 955 Europort • Gibraltar GX11 1AA

t +350 20046253 (Centrex 1954) e sndo@gibraltar.gov.gi w <https://disability.gov.gi>



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

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:

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