

Age

- 16 – 24
- 25 – 49
- 50 – 64
- 65+
- Prefer not to say

Gender

- Male
- Female

Disabled

- Yes
- No
- Prefer not to say



The Blue Badge Scheme

Disabled Parking Permits

Parking concessions for disabled and blind people ***new application form***

Council documents can be made available in large print, audio, easy read and other formats. Documents on our website can also be emailed to you as plain text files.

Help is also available for people who require council information in languages other than English.

For more information contact: 01934 888 801



Disabled Parking Permits

Parking concessions for disabled and blind people **new application form**



Please note: No acknowledgements will be sent.

Expect a response in 4 to 8 weeks.

Office use only		
Received	Approved	Refused
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part A

Full name of disabled person

Surname	Other names	Mr/Mrs/Miss/Ms
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode
<input type="text"/>

Tel no:

Date of birth

Occupation

Part B 1. Are you registered as blind under the National Assistance Act 1948?

Please tick as appropriate

Yes No

If **Yes**, please give the name of the local authority with which you are registered, and provide Registration Card. If unable to provide this it would help if you are able to give the registration number.

2. Do you receive Mobility Allowance or the higher rate of the mobility component of the Disability Living Allowance?
Yes No

If **Yes**, please supply evidence (eg. **copy** of: an official letter confirming an award of the allowance or Vehicle Excise Duty Exemption certificate.

2a. Have you ever applied for either of these Allowances and been refused?
Yes No If **Yes**, when was this?

3. Was your vehicle supplied by the Department of Health and Social Security, the Scottish Home and Health Department, or the Welsh Office?
Yes No

If **Yes**, please provide a **copy** of documentary proof.

4. Do you receive a Government grant towards your own vehicle?
Yes No

If **Yes**, please provide a **copy** of documentary proof.

5. Do you receive War Pensioners' Mobility Supplement?

Yes No

If **Yes**, please supply evidence (eg. a copy of an official letter confirming an award of War Pensioners' Mobility Supplement).

If you have answered Yes to any of the questions in Part B (excluding question 2a), go to Part F. If you have answered No to any of the questions in Part B (excluding question 2a), you will need to complete either Part C or D, and then Parts E and F.

Important Notes – Please read before completing Parts C or D.

- ◆ If you have answered No to all questions in Part B you will qualify for a badge only if you cannot walk or can walk only with severe difficulty or if you hold a valid driving licence and have a severe disability in both upper limbs and are unable to turn by hand the steering wheel of a vehicle even if that wheel is fitted with a turning knob.
- ◆ The intention of the Scheme is that only very severely disabled people will qualify under these conditions.
- ◆ It is essential that each application under Part C or Part D is considered carefully. You may be asked to provide medical evidence of your disability or have a medical examination.
- ◆ Badges will only be issued to people who would otherwise find it impossible to visit shops, public buildings or other places; or to drivers who cannot turn by hand the steering wheel of a vehicle.
- ◆ People with temporary disabilities, such as a broken leg, will not qualify for badges.

(If after reading these notes you think you may qualify for a badge, please read part C and part D).

Part C Complete this part only if you consider that you have a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.

1. What is the nature and cause of your disability? Do you have a medical diagnosis? How does this affect your walking? (Please continue on separate sheet if necessary).

How long have you had this condition?

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2. What is the maximum distance you can walk without stopping, severe discomfort, or help from another person?
Please tick one box only
- | | |
|--|---|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> Up to 100 yards |
| <input type="checkbox"/> Up to 500 yards | <input type="checkbox"/> Less than 50 yards |
| <input type="checkbox"/> Up to 200 yards | <input type="checkbox"/> Over 500 yards |
3. What assistance do you require when walking? Please tick one or more boxes as appropriate.
- | | |
|--------------------------------------|---|
| <input type="checkbox"/> None at all | <input type="checkbox"/> Frame |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Assistance from another person |
| <input type="checkbox"/> 1 Stick | <input type="checkbox"/> Artificial limb (please specify) |
| <input type="checkbox"/> Tripod | <input type="checkbox"/> 2 Sticks |

Part D Complete this part only if you hold a valid driving licence and have a severe disability in both upper limbs and are unable to turn by hand the steering wheel of a vehicle even if that wheel is fitted with a turning knob.

1. What is the nature of your disability?

2. Do you drive a specially adapted car?

Yes No

If **Yes**, please state type of adaptation.

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If necessary, can you bring the vehicle to this office.

Yes No

If **No**, where can this vehicle be inspected during normal office hours.

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Part E Please complete this part if you have completed Part C or Part D.

1. What is the name and address of your family doctor?

Name

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Address

Postcode

--

Part F This part must be completed in all cases.

Applications should normally be accompanied by **one recent passport type photograph** of the applicant from a self-service booth or any suitable photograph cut down to passport size.

This should be signed on the back.

Please do not stick the photo to the form.

- ◆ I attach one photograph

I am unable to provide a photograph because

- ◆ Do you have an existing badge issued to you?

Yes No

Name of issuing authority Badge no Expiry date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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- ◆ I declare that to the best of my belief all the statements I have made on this form are true and I agree to the local authority contacting my family doctor in confidence if necessary.

If any applicant is unable to sign the form and label themselves they may be signed by a third party. Children under the age of 16 should be signed for by a parent/guardian.

Signed Print name Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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- ◆ If the signature is that of a third party please state relationship.

- ◆ **Please ensure you sign in the box below, as this will form part of the new permit.**

Your signature →

The personal information you provide to us on this form, or in response to any related enquiries, will be used to process your application for a disabled parking permit and kept for all related administration. It may also be shared with the medical professions, hospices, independent medical advisors, the benefits agency and other Council departments for verification, and with the police or other parking authorities for the prevention or detection of misuse or fraud.

The Council is under a duty to protect the public funds it administers and may use information you have provided in order to prevent and detect fraud. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes. If you have any queries please contact the Internal Audit and Risk Services on 01275 888 801.

Please return form to:

Disabled Parking Permits, North Somerset Council, PO Box 53
Town Hall, Weston-super-Mare, BS23 1ZX
Tel: 01275 888 801 Fax: 01275 884 258

Please tick if you require future documentation in a different format:

Large Print **Audio** **Braille**



Equal opportunities

North Somerset Council works towards eliminating discrimination and promoting equal opportunities. We need to monitor who is using our services so that we can develop a better understanding and knowledge of the needs of residents in North Somerset.

Monitoring will help us to deliver effective and inclusive services and help us to respond effectively to areas of inequalities in our service provision.

All information that you provide for equalities monitoring will be anonymous and will have no bearing on the outcome of this application.

Race and ethnicity

- White – British
- White – Irish
- White – Other European
- Mixed – White and Black Caribbean
- Mixed – White and Black African

Mixed other

- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Asian or Asian British – Bangladeshi

Asian other

- Black or Black British – Caribbean
- Black or Black British – African
- Black or Black British – Other
- Chinese

Other ethnic group (please state)

Prefer not to say

Continued on opposite page