

Date: **As postmark**
My ref:
Your ref:
Contact: **Disabled Person's Parking Badge Section**
Phone: **0116 265 7584**
Email:

Dear Sir/Madam

RE: The Disabled Person's Parking Badge Scheme

Thank you for your recent enquiry regarding: the Disabled Person's Parking Badge Scheme.

Please read these guidance notes/instructions carefully before completing the application overleaf.

- The purpose of the scheme is that only very severely disabled or blind persons will **AUTOMATICALLY** qualify for a badge.
 - 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 and children under 2 will **NOT** qualify for a badge.
1. **ALL** applicants must complete sections A, B, & D.
 2. Part C should only be completed if applicant has answered NO to all questions in Part B.
 3. Part E needs to be completed by your Family Doctor only if you have answered **NO** to all questions in Part B
 4. Application is by post only

We will aim to process your application within 3 weeks of receiving the completed form.

If you require any further information, please ring the number at the top of this letter.

Social Services Department
Leicestershire County Council, County Hall, Glenfield, Leicestershire LE3 8RL
Telephone: 0116 232 3232 Fax: 0116 265 7440 Minicom: 0116 265 7459
Email: socialservices@leics.gov.uk

Tony Harrop, OBE, Director of Social Services

www.leics.gov.uk

Please sign below; this signature will appear on your Badge

- Please as appropriate and complete in **block capitals**. If this application is a

Renewal, please state serial number

Expiry
Date

Part A

TITLE (Please select)

DATE OF BIRTH

SURNAME

FIRST NAME

CURRENT ADDRESS OF APPLICANT

HOUSE No.

<input type="text"/>	STREET NAME	<input type="text"/>
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AREA

TOWN

COUNTY

POST CODE

Tel. No.

PREVIOUS ADDRESS
(IN LAST 10 YEARS)

Name of person completing form
and relationship to applicant

Part B

1

Are you registered as totally blind under the National Assistance Act 1948?

Yes No

If YES, please give the name of the Local Authority with which you are registered _____

2

Do you receive any of the following benefits?

a The **higher rate** of mobility component of the Disability Living Allowance

Yes No

b A Vehicle supplied by the Department of Social Security, the Scottish Home Office and Health Department, or the Welsh Office. *NB. Includes people who have a blue battery or petrol operated invalid vehicle*

Yes No

c War Pensioners' **Mobility** Supplement

Yes No

IF YOU HAVE ANSWERED YES to any of the above please supply documentary evidence of your entitlement to an award (e.g. a photocopy of an official letter confirming an award of the allowance, a Vehicle Excise Duty Exemption certificate or copies of the front page of a Post Office Order Book AND the page that states entitlement to the higher rate of mobility component of DLA. Please go to Part D then return the application form and documentary evidence in the envelope supplied, please ensure a stamp is placed on the return envelope.

- If you have answered **NO** to all the questions in **PART B**, you may qualify for a badge under **PART C**. Once you have completed Parts C & D please take this application form to your Family Doctor. Part E (*See overleaf*) **must be** completed by your Family Doctor and then returned in the envelope provided. Please ensure a stamp is placed on the return envelope.

Part C

1 What is the nature of your disability and how does it affect your mobility.

2 What is the maximum distance you can walk without stopping, experiencing severe discomfort or needing help from another person?

3 Is the disability Permanent Temporary Are its effects Intermittent

4 Do you regularly use a walking aid? Yes No
 If yes please state what type of aid _____

5 What is the name & address of your family doctor?

NAME _____
 ADDRESS _____

POST CODE _____

Please go to PART D

Part D

ALL APPLICANTS MUST COMPLETE THIS SECTION

- There is a **£2.00 fee** for each application for a Blue Badge. Please make Cheques/Postal Orders payable to 'LCC' and enclose with the application form. Please **do not** send cash through the post.

Please also enter name and address of applicant on back of cheque and photograph

- Applications must be accompanied by a passport size photograph of the applicant. The applicants name should be put on the back of the photo. You may send photographs cut down to the appropriate size.
- I have * enclosed documentary evidence of my entitlement of an award (*where applicable*)
 - * enclosed passport sized photo
 - * enclosed a cheque/postal order for £2.00 made payable to 'LCC'

SIGNED _____ DATE _____
 NAME _____

**IF YOU HAVE ANSWERED NO to all questions in PART B
 PLEASE TAKE THIS FORM TO YOUR GP.**

FOR G.P. USE ONLY

Part E

People who do not qualify under the automatic categories can qualify on the recommendation of a Medical Practitioner. To qualify, the applicant must have a mobility impairment which makes it impossible, or virtually impossible for them to walk, considerations such as carrying parcels are not to be taken into account. The disability must be permanent and not just spasmodic and must be of a physical rather than a psychological nature.

This certificate should be completed by a **medical practitioner** and returned to the local authority in the envelope provided. **The ultimate decision to issue or refuse a badge rests entirely with the issuing authority.**

The answers to the questions in this form should not be divulged to the applicant.

A Does the applicant have a disability which severely affects walking Yes No

B Would the exertion of walking worsen their state of health or endanger their life? (*Please Tick*) Yes No

If you have answered **Yes**, please give details together with a **specific diagnosis which reflects the inability to walk.**

2 Is the effect of the disability Permanent Temporary Intermittent

3 Does the applicant regularly need to use a walking aid Yes No

If **Yes**, please state type of walking aid

4. From your knowledge of the applicant's condition, how far can the applicant walk without stopping, experiencing severe discomfort or needing help from another person **NB. Considerations such as carrying parcels should not be taken into account.**

Less than 50 metres Between 50 metres and 100 metres More than 100 metres

Signed

Date

Name

(BLOCK CAPITALS)

Practice stamp