

# The European Blue Badge Scheme

## Parking Concessions for Disabled and Blind People

### Application Form

Previous Badge Number	<input type="text"/>
Expiry Date	<input type="text"/>

#### INSTRUCTIONS FOR COMPLETION

1. Read the enclosed Department of Transport leaflet carefully. Keep the leaflet because it tells you how to use your badge, if awarded.
2. If you think you qualify for a badge, please fill in Page 1, Page 2 and Page 4.
3. If you can answer 'Yes' to one of the questions on Page 2 you will automatically qualify for a badge. If you cannot answer 'Yes' to one of the questions on Page 2 but have a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking, please complete Page 3.
4. **You will need to send 2 recent photographs (i.e. no more than 2 years old).**
5. Please complete the Ethnicity Form (Part G) also.

#### **Part A** This part must be completed in all cases.

Full name of applicant	<input type="text"/>		
Mr/Mrs/Miss/Ms	<input type="text"/>	Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Tel:	<input type="text"/>
Previous address if moved within last 3 years	<input type="text"/>		

<b>FOR OFFICE USE ONLY:</b>	Approved	<input type="checkbox"/>	Date	<input type="text"/>	Reason	<input type="text"/>
Processed by	<input type="text"/>	Refused	<input type="checkbox"/>	Date	<input type="text"/>	

**Part B****This part must be completed in all cases.**

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

Yes

No

If Yes, please give the name of the local authority with which you are registered.

Do you receive the higher rate of the mobility component of the Disability Living Allowance?

Yes

No

If Yes, please supply evidence (e.g. an official letter confirming an award of the allowance, a Vehicle Excise Duty Exemption certificate).

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 give details and supply evidence.

Do you receive a Government grant towards your own vehicle?

Yes

No

If Yes, please give details and supply evidence.

Do you receive War Pensioner's Mobility Supplement?

Yes

No

If Yes, please supply evidence (e.g. an official letter confirming an award of War Pensioner's Mobility Supplement)

**We will return all documentation/evidence to you but cannot accept responsibility for items lost in the post.**

**IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS IN PART B PLEASE GO TO PART F**

**IMPORTANT NOTES - Please read before completing Parts C or D**

\* If you have answered No to all the 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, regularly drive a motor vehicle 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. People with temporary disabilities (such as a broken leg, or those awaiting a hip/knee replacement) will **not** qualify 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.

\* 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.

**If after reading these notes you think you may qualify for a badge, please read Part C, Part D and Part E.**

**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.

What is the nature of your disability?

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

Do you regularly use a walking aid? Yes  No

If Yes, please state type of aid.

**Part D** Complete this part only if you hold a valid driving licence, regularly drive a motor vehicle 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.

What is the nature of your disability?

Do you drive a specially adapted car? Yes  No

If yes, state type of adaptation and provide a copy of your driving licence

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

A basic mobility assessment to determine the extent of your disability will be required in support of your application. This will take place at York District Hospital and will be conducted by a physiotherapist. You will be contacted separately with details of the appointment.

Are you willing to have an assessment to determine the extent of your disability? Yes  No

As part of the application we may also need access to your medical records. Please sign the form below to enable us to do this. **I permit access to my medical records for the purpose of my Blue Badge application.**

Signed ..... (signature of applicant).

<b>Doctor's Name &amp; Address:</b>	<input type="text"/>
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**Part F**

This part must be completed in all cases.

Signature	
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**IMPORTANT**

To validate your blue parking badge, your signature (or other authorised mark) must be displayed on your permit. Please sign this box for validating your permit.

Applications should normally be accompanied by 2 **recent** passport type photographs of the applicant. Both photographs should be signed on the back by the applicant. You may send photographs taken from self-service booths or any suitable photographs cut down to a similar size. Your photographs will be returned if your application is unsuccessful.

**Declaration**

I declare that to the best of my belief the statements I have made on this form are true.

**Signed:**

**Date:**

**Name:**


- Applications cannot be processed unless signed above by the applicant or their representative.
- Please return the form in the envelope provided and allow 28 days for your application to be processed.

<b>Part G</b>
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## Ethnicity Form

**Please complete the following:**

Ethnic record keeping and monitoring makes it possible to demonstrate that our commitment to deliver services in a fair and non-discriminatory way is being achieved. To help us do this, please indicate your ethnic origin in the appropriate box below.

SELECT YOUR ETHNICITY FROM THE CATEGORIES LISTED BELOW		PLEASE TICK
<b>WHITE</b>	British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Any other White background (please specify)	<input style="width: 100%;" type="checkbox"/>
<b>MIXED</b>	White and Black Caribbean	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>
	Any other MIXED background (please specify)	<input style="width: 100%;" type="checkbox"/>
<b>ASIAN or ASIAN BRITISH</b>	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Any other Asian background (please specify)	<input style="width: 100%;" type="checkbox"/>
<b>BLACK or BLACK BRITISH</b>	Caribbean	<input type="checkbox"/>
	African	<input type="checkbox"/>
	Any other Black background (please specify)	<input style="width: 100%;" type="checkbox"/>
<b>OTHER ETHNIC GROUPS</b>	Chinese	<input type="checkbox"/>
	Any other ethnic group (please specify)	<input style="width: 100%;" type="checkbox"/>